THE INTEGRATION OF SOCIAL BEHAVIOR

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One of the central interests of prefreudian psychology was the problem of the nature and mechanism of intellectual processes.[1] Psychoanalysis on the other hand has interested itself primarily in problems of motivation. Psychoanalysis started with a study of pathological symptoms and was compelled therefore to take normal behavior more or less for granted as a standard for comparison. Disturbances of the cognitive processes were studied as distortions of an adequate perception of reality. As a consequence, psychoanalysis has usually quite consistently disregarded the fact that normal cognitive processes probably require a more delicately balanced equilibrium and are therefore more difficult to explain than are the mechanisms of most pathological distortions.

In the present paper I wish to return to the earlier interest of psychology in the mechanisms of the intellectual functions. In doing so however I shall avail myself of the very rich material bearing upon problems of this sort that has resulted from the intervening development of psychoanalytic psychology. In the present paper we shall attempt to analyze some of the dynamic factors involved in the process of integration of social behavior, or in other words, in the process of integration of our behavior in relation to other people.

A report of some clinical material from the analysis of one of Dr. Helen McLean's patients, who was analyzed in our research upon bronchial asthma, will illustrate the discussion.

The patient, a forty-six-year-old laborer, had just started an analysis for bronchial asthma. He was the oldest of six children. His father was a big, powerful man, a blacksmith, who allowed no one in the home to question his authority and who

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[1] Under the term, 'prefreudian', I wish to include not only studies made prior to Freud but also later studies not significantly influenced by Freud.

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insisted that the children keep quiet when he was at home. The mother was an attractive woman who protected the children from the harsh words and blows of the father and in this way drew them upon herself.

The patient himself was a sickly child who needed constant care. He slept with his mother until his brother was born, when he was three. After that he slept with her whenever he was ill. With this brother he quarreled constantly. The next sibling, a sister, is the one to whom reference will be made in the material that follows. She was born when the patient was eight and died during the patient's adolescence.

Of the subsequent history, we need mention only that the patient ran away from home at the age of twenty after a quarrel with his father. He emigrated to America where he married a woman to whom he was not particularly attracted, but of whose mother he was very fond. The marriage was satisfactory until the birth of his first child (a boy) a year later, after which the patient and his wife began to quarrel, and the patient developed asthma. For many years prior to analysis, he had held a job cleaning out cattle and freight cars in a railroad yard where the exposure to cattle hair aggravated his asthma. His comrades were often indulgent enough to allow him to sit or sleep in a warm room while they did his work.

Beginning of Analysis—The First Dream: During the first few hours of his analysis this rather inarticulate man found talking freely about personal matters very difficult. He was very uncomfortable during these hours because of his severe asthmatic wheezing. In the sixth hour he experienced much relief when he was finally able to voice freely his resentments against his wife, who, he complained, was fat, sloppy and quarrelsome and neglected the two children and himself.

In the ninth hour, the analyst had expressed an interest in dreams. At the beginning of the next hour the patient reported the following dreams, the first in the analysis. He introduced the first dream with the remark that he had had a dream—'That's what you want', he added. The dream was dreamed New Year's Eve and reported January 2. It ran as follows:

Dream 10-a. Dream of school days—in weekend I was going home—we always walked unless someone picked us up. I walked alone until I got to bridge—a girl was there leaning on bridge, watching boats. I stopped and pinched her on back, and then we walked on home. Getting dusk. Mother met her and thanked me and asked me in and gave me a glass of milk.

After telling his dream he proceeded immediately to tell two dreams which he dreamed the following night:

Dream 10-b. Last night kind of embarrassing. I was in railroad station with a lot of people—wife and me—we were separated, she in one end and I in other—old friends around—they came and asked me why I married her. I dodged her too.

Dream 10-c. Something toward morning about doctors and ladies—I was taking some kind of treatment—doctors taking culture—lady comes along and says now we've hit spot.

Associations: The patient insisted that the woman in the last dream was not like the analyst, but like a servant girl. The bridge was one where he used to play. It shook when the wagons went over it. 'Lots of fun there. Road leading home. It was level. There were trees around and on both sides fields and gardens; nice scenery.' The girl lived along the road. No, the patient was not interested in her. He was seldom in her company, only met her going and coming from school. He used to meet girls on the bridge. The mother in the dream was elderly, pleasant. Her son came along with her to meet the girl. The old lady took him to the basement for a cold glass of milk. It was good milk with cream in it, refreshing in summer. The mother . . . had gray hair and was stooped like a farmer's wife. Yes, exactly like the patient's mother. The boy hung around behind his mother and said nothing. A boy of about twelve. The patient was fourteen or sixteen when he went on this road, the boy was younger. Yes, his next younger brother was two years younger. The patient had a sister who died at about ten of scarlet fever. . . .

'We all liked her.' The girl in the dream was older and taller than the sister.

In association to the railroad station the patient remembered that the railroad was close to the lake front. He could see the lake. (An obvious reference to the analyst's home where she saw the patient). . . . The patient and his wife were there. The wife was not well-dressed: she was sloppy. The patient was sidestepping her. One lady asked why the patient married her. She said she was sorry the patient had married her. The dream was embarrassing.

At this point the analyst interpreted the dream as the fulfilment of a wish that she sympathize with the patient in his desire to leave his wife. The patient replied that he had not liked his wife at first but was talked into marrying her. He boarded with her sister and in this way became associated with the family. Her mother said she would not mind if the patient married her daughter. He was tired of eating around. Her sister was a good housekeeper and cook and he figured she was like a home girl. The analyst remarked that the patient married her for a home, that he wanted someone to take care of him like a mother.

Dream Interpretation—The Immediate Situation: The last two dreams seem to relate most directly to the patient's immediate situation in the analysis. As the analyst says, the patient wishes her to sympathize with his desire to leave his wife (dream 10-b). His embarrassment also implies that he wishes to turn to the analyst for the affection he cannot get from his wife. In the last dream (10-c) he tries to give this wish a professional setting, consistent with his professional relation to the analyst as his physician. The dream suggests that he is in a clinic, or at any rate receiving treatment. The 'lady' in the dream gives him the sympathy that he craves from the analyst in the form of a reassurance that the treatment has 'hit the spot'.

It is probable that in the last dream (10-c) medical treatment has been substituted for analysis as an expression of the patient's fear of the analysis. He would prefer even a painful treatment

because its dangers are much less mysterious. The substitution of a railroad station in place of the analyst's home also suggests a fear of the analytic situation, a desire to go away. His wishes for affection from the analyst are too personal and he is vaguely afraid of the consequences. Therefore he also seeks safety in numbers. Instead of his being alone with the analyst there are 'old friends around' or 'doctors and ladies'.

The First Dream in Relation to the Life History: The first dream seems to transport us back into the patient's adolescence rather than to deal directly with the present situation. The connecting link with the two subsequent dreams is the patient's desire for affection from the analyst. Evidently in his boyhood he used to know how to win affection and appreciation from mothers by being protective and chivalrous toward their daughters. He seems also to have a similar motive in bringing the dream, for he presents it to the analyst as though it were a present, commenting 'that's what you want'.

But why does the dream not express his desire for affection from the analyst more directly, in terms of the present situation, as in the two dreams of the next night? What takes him back to the adolescent period?

To answer this we must turn to the patient's life history. We may mention the fact that in contrast to the dream his own mother did not always approve of his interest in women. Once she rebuked him sharply for making sexual advances to a young married woman who was visiting in the home, and he was very much afraid that she would learn of his sexual affair with a maid. In the light of this history the dream now seems like a reassurance. The patient starts by making a playful erotic gesture, pinching the girl in the back; but then he seems to think better of it and keeps on good terms with the mother by escorting the young lady safely home.

What brings this old conflict to the surface now? In the light of the two succeeding dreams, we must suspect that the patient is experiencing some erotic stimulation from being alone with a woman analyst. If so, he is attempting to protect himself against his erotic desire, first by substituting a younger

woman in place of the analyst (mother), and then by promptly escorting the girl home to win the thanks of the mother. This suggestion is indeed confirmed by the patient's denial of interest in the girl. He repudiates any connection between the 'lady' in the last dream and the analyst, and depreciates the 'lady' as 'like a servant girl'. As already indicated, we learn later in the analysis that he once had a sexual affair with a 'servant girl', which he very much feared his mother would discover.

The next hour brought a displaced confirmation of this suggestion, for he confessed, in answer to the analyst's question, that he never put any value on dreams, and then complained that he could not stand loud talking, nor sleep with any kind of noise. He spent the rest of the hour protesting against his wife's loud talking and against the idea of 'wives and mothers' talking about sex.

Two More Dreams: However, even though the patient resented what he felt were sexual implications in the analyst's interpretation, the next dream indicated that he was much impressed by it. In the twelfth hour, three days later, he brought the following dream:

> *Dream 12.* Can't remember it—about father and mother—seems mother doing blacksmith work—she had hot iron and was hammering.

When the analyst reminded him that his father was a blacksmith, he added a few details:

> Father was also in the dream but not so clear as mother; he was standing on side of shop—kind of dark. Plainly see my mother—she had hot iron and working at it, flattening it out and bending it, doing clean work, good job too.

In association he stated that his mother had never done any blacksmith work although she might have come to the door of the shop.

Corresponding to the patient's inarticulate character, he was quickly through with his associations; so the analyst tried

to help him out. She suggested that perhaps she seemed like a woman doing a man's job.

Patient did not reply to the analyst's comment but continued to dwell admiringly upon the details of the mother's work in his memory of the dream:

> Father standing on side. Mother took iron out of fire—performing the work on it—long piece of heavy iron.

The iron resembled iron used on the locomotive to pull out clinkers. His mother was shaping it. There was a hook on the end of it.

The analyst remarked that if she was bending the patient like iron, he must be afraid. He agreed that he really was afraid of the analysis. He did not know what it was all about and felt helpless because he was in the dark.

It will perhaps facilitate the discussion of this dream if we immediately report the material of the next two hours. In the next hour, three days later, the patient reported that he vomited and had a stomach ache the day before, after drinking three glasses of beer and winning twenty dollars at poker. He also had lumbago on his left side. The rest of the hour was spent discussing his bad conscience when he won at poker and his need to give at least some of the money back.

In the fourteenth hour, four days later, he complained of a stiff neck. . . . He continued: the last time he was here he had a pain in his back, the next day he had a stiff knee and could hardly walk. . . . Then he reported a dream:

> *Dream 14.* My younger boy had awful large snake—tame. He played with it. I was scared . . . snake would sneak into pillow case. Snake had V-face and flat and pointed—run around eyes—on face a smile or laugh—snake awful fat.

The patient's associations were repeatedly interrupted by complaints about the pain in his neck which filled up most of the hour. His younger son, Vincent, was playing with the snake. He looked contented, and was not scared, but liked it. The patient noticed the snake sneak into the pillow case. The child walked over and pulled it out. The patient laughed

when asked to associate to the snake's going into the pillow case. He doesn't like snakes, gets sick. There are a lot of snakes where he works. They are harmless but he doesn't like them. The other men catch them and put them in his coat pocket. Had he been aware of their doing this he would never have worn the coat.

He commented that the snake was very big and was reminded of his fat wife. The analyst suggested that the reference was to his wife's pregnancy with the patient's younger child and that his stiff neck was a reaction to his jealousy of his wife's caring for the baby.

More Interpretation: As already noted, the associations to these dreams are meager. Nevertheless they enable us to fill in some of the gaps in our picture of the patient's psychological situation as revealed by the preceding dreams.

The 'anvil dream' in the twelfth hour expresses the patient's admiration for a woman's ability to do a man's job well. As the analyst's comment indicates, we may now surmise that the patient had been somewhat disappointed at being assigned to a woman analyst, but he was evidently quite fascinated by the analyst's interpretation of his dreams of a few days before and was beginning to feel that she could do a good job just as if she were a man. Looking back at the clinic dream (10-c), we find confirmation of this suggestion. In our discussion of this dream it was not clear why the patient introduced 'doctors and ladies' in place of his analyst, and then depreciated the lady. Now we realize that the patient was already wishing that a man instead of a woman was his 'doctor'. This is also consistent with, or rather complementary to, the motive that we have already discussed for his depreciation of his female analyst. If his analyst were a man, he would not be exposed to heterosexual temptation that so frightened him.

The theme of sexual temptation and his reaction to it is also depicted in the anvil dream (12). As the analyst's comment indicated, if the mother's beating an iron bar on the anvil represents the patient's treatment, he must be thinking of himself

as the bar that is beaten and bent. Indeed in the material of the next two hours, the dream of being beaten on the anvil seems to be a prophecy of the severe muscular and arthritic pains that follow! But why is he in such need of punishment? Apparently he is intensely chagrined by the sexual interest which the analyst unconsciously awakens in him. Hence the analyst's job, he feels, is to hammer him into shape, just as his father used to bend iron bars on the anvil. Actually in his young manhood, as we learn later in the analysis, his choleric father had twice beaten him for his sexual episodes.

Further indications as to why the patient feels he should be beaten are found in the dream of the snake (14). Plainly in this dream he has some desire to hurt his younger son, or perhaps at this moment it is the analyst's child, whom the patient encounters occasionally in the house and resents because it comes between him and his need for a mother's love. In the dream he projects this wish. It is not he but the snake that might hurt the child. Thus the dream seems successful in reassuring the patient that the child has nothing to fear.

The evidence of this hostile wish against a child now enables us to understand a detail of the dream of the girl on the bridge (10a) to which we have paid little attention. In the dream the girl's mother was accompanied by her son, a boy about the age of the patient's next younger brother. This was the brother whose birth displaced the patient from his mother's bed. As we learn later in the analysis, it was this brother whose baby carriage the patient once pushed down the hill and whom he lost in the hay field. Thus even in this first dream (10a) we have evidence that his fear of losing his mother's love arose not only because of his sexual interest in girls, but also because of his resentment of his brothers and sisters. Indeed his pinching the girl in the dream may have been an erotized expression of a hostile impulse as well as a playful erotic gesture. That the sister to whom the dream alludes was the one who died in the patient's late adolescence tends to confirm this formulation.

In childhood the patient was sickly and in this way found his way back to the mother's care and attention. Otherwise the brother might have displaced him to a still greater extent. Indeed it was only when he was sick that he was again taken into the mother's bed. In the clinic dream (10c) he again employs the same device for finding his way back to the parent's care and attention.

In the dream of the railroad station, on the other hand, he is fleeing from the temptation situation as he did when his landladies became pregnant. This time, however, he takes care to assure himself beforehand that there will be another mother to whom he can flee.

Summary of the Psychological Situation: To sum up our impressions from these five dreams, we find a consistent though still somewhat sketchy picture of the patient's psychological situation in the early hours of the analysis. He is frightened at being alone with a woman analyst and reacts to the situation as a sexual temptation. On the other hand, he wishes to be loved by the analyst as by a mother and resents her child as a rival. He is intensely chagrined by these wishes (which are probably for the most part unconscious) and tries to protect himself from them by stressing the fact that he is in a professional situation, that the analyst is a 'good clean' workman, not a woman who wants to tempt him sexually. Even so, a man analyst, who would not be a sexual temptation, and who would give him the beating that he feels he deserves, might be better.

Integration and Disintegration of Goal Directed Behavior: The first of the dreams cited above, which we shall call the bridge dream (10a), offers a particularly good starting point for an inquiry into the dynamics of purposive behavior; for it gives evidence of a subordination of means to an end goal clearly comparable to the integrated mechanisms of rational purposive behavior in waking life. The dream is dominated by the wish to please the mother. To this end, the patient renounces his erotic impulses toward the young girl, and assuming a protective rôle toward her, he takes her home to her

mother. In this way he wins the mother's thanks and receives from her a glass of milk. Thus in this dream we see an example of successful subordination of means to an end goal.

In the succeeding dreams this subordination of means to an end is less successful. We see increasing threats of the *disintegration of the goal-seeking mechanism.* In the railroad station dream (10b), as we have seen, the patient is running away from sexual temptation as from a danger. Instead of renouncing his sexual wishes with the confidence that he will thereby win the mother's approval, he is now running away from them and anxiously seeking consolation and reassurance from an older woman. In the anvil dream (12) he is so disturbed by the threatening sexual tensions that he must conceive of the analysis as a good beating. He still maintains what has now become an admiring and very submissive relationship to the mother, but only on condition of being beaten into shape by her—of having the bad impulses, as it were, hammered out of him.

Our next problem is to find the reason for this progressive tendency to disintegration of the goal-seeking mechanism.

Neutralization of Tension by Hope: The bridge dream (10a) seems to have been inspired by the analyst's expression of interest in dreams during the previous hour, which apparently awakened the patient's hope of winning the analyst's approval by bringing her a dream. The manifest content of the dream records similar hopes of winning a mother's love and approval in his adolescent years, and betrays as well the fact that back of this hope lies hidden a fear of losing her love because of his sexual impulses toward a sister figure. The manifest content of the dream is evidently inspired by the hope that he may win back the mother's love by returning her daughter safely to her.

This dream occurred on New Year's Eve. The patient did not see the analyst on the following day and consequently could not immediately realize his hope of pleasing her by bringing her a dream. It seems clear, morever, that the reassuring influence of this hope could not be sustained

a day longer, for in the dreams of the next night the threat, that he is in danger of losing the mother because of his disturbing wishes, emerges much more plainly. In the dream of the railroad station (10b) he is running away from his wife who has become a symbol of sexual temptation and he is seeking consolation and reassurance from an older woman who represents the analyst.

Thus it appears that the second dream (10b) differs from the first (10a) primarily because of an increase of the tension of unsatisfied desire. There may be two reasons for this. First as a result of the patient's attempt to renounce sexual wishes, it is quite possible that there may have been an increase in sexual tension during the intervening day. Second, the power of the hope of future satisfaction to quiet disturbing tensions is evidently quantitatively limited, for the patient is unable to sustain his hope for another day. In the bridge dream (10a) the dream or hope of winning the mother's approval has partially satisfied the patient's wishes for the moment and thus diminished their tension; but when once the satisfying hope of winning the mother must be abandoned, the result is a still further increase in the tension of the patient's unsatisfied desires.

Let us now repeat and summarize these conclusions: The hope of winning the mother's approval at the time of the bridge dream (10a) partly satisfied the patient's wishes for the moment and thus in part neutralized their tension; but he was unable to sustain his hope for another day, and the result was an increase of tension. The differences between the bridge dream (10a) and the railroad station dream (10b) are primarily a result of this increase of the tension of unsatisfied wishes.

Following this method of analysis, we note that in this series of dreams the tension of the patient's need for the mother seems to be steadily rising. Nevertheless his efforts to win her are at once becoming less successful and more desperate. We have already cited the reason for this. In the bridge dream (10a) his desire to please the analyst had been reënforced by his hope of success. At the time of the railroad station dream (10b) it

appeared that this hope could not be maintained. A sign of his continually diminishing hope of pleasing the mother was that his means of seeking a reconciliation with her became increasingly desperate in the succeeding dreams. In the clinic dream (10c) he must accept illness and in the anvil dream (12) he is symbolically portraying himself as accepting punishment, in order to maintain his relationship to her.

Thus it is evident from these examples that the increasingly desperate tension of the patient's need for the mother does not increase his ability to make sacrifices in order to win her. It is rather the hope of success, in the bridge dream (10a), that enhances his capacity to hold disturbing tensions in restraint and to successfully subordinate his means to the end of winning the mother. When the tension of his need for love is no longer reënforced by his hope of winning love, the mounting tension increases the integrative task, but not the integrative capacity, of his dominant urge to please the mother.

This observation is of course quite in accord with everyday observations concerning the factors that determine the effectiveness of conscious purposes in waking life. We might perhaps expect that the most intense wish would be the one most likely to attain dominance over other goals. Paradoxically, however, the very intensity of a wish or of a need may make effective efforts to satisfy it impossible. In its desperate attempts at flight, a chicken will often run in front of an automobile instead of away from it. In an experiment of Koehler's (1921) a dog was unable to pull itself away from meat on the other side of the fence, although it would have been quite possible to run around through a door in the rear to get it. Moreover, everyone has experienced how impatience or the need to hurry tends to paralyze one's capacity for application to painstaking effort.

We gain some insight into this apparent paradox when we take into account the fact that a biological need or drive implies a state of disturbed equilibrium or physiological unrest which tends first of all to be discharged in diffuse motor activity, and that only later, as a result of knowledge gained from subsequent

experience, is this diffuse excitation concentrated upon more circumscribed goals. Thus the original urge to escape an unpleasant tension must be supplemented by an attraction to a more circumscribed goal that is also desired for its own sake. The hope of winning the mother must supplement and give direction to the motor discharge stimulated by the fear of losing her. The original tendency to diffuse motor discharge must be concentrated upon and subordinated to the task in hand, and any disturbing remnant of the urge to discharge motor energy diffusely must be inhibited. As we have seen in the bridge dream (10a), the hope of winning the mother has first temporarily diminished the tension of the underlying needs and concentrated the remaining tension as far as possible upon the goal of pleasing her. However, the remnants of sexual tension that cannot be so concentrated must be inhibited. We may designate quantitatively this ability of a goal-directed striving to withstand antagonistic tensions as its *integrative capacity.*

Yet, as our examples plainly show, the integrative capacity of a wish is not dependent upon its intensity alone. Indeed, as we have seen, if the intensity of a wish becomes too great, its integrative capacity will diminish. The integrative capacity appears to be much more directly dependent upon a second factor—the factor of hope and confidence in the ability to achieve one's goal. When hope of success diminishes, tension rises and is with much greater difficulty subordinated to the task in hand. Obviously one is less ready to make sacrifices to attain a goal once one has begun to doubt whether the goal is really attainable.

Destructive and Erotic Impulses in Relation to the Integration of Goal-directed Strivings: The importance of this distinction between the tension of a wish and the integrative capacity based upon hope of fulfilling it becomes still more evident in our patient's material if we now take into account our deeper analysis of the motives underlying these dreams. In the bridge dream (10a), we recognized that behind the patient's sexual interest in the sister there lurks a still deeper

hostility toward both her and his next younger brother. The erotic impulse toward the sister has apparently been substituted for a hostile one toward both brother and sister.

We have, moreover, already pointed out that the patient's jealous hostility toward rivals is itself derived from his need for a mother. He resents brother and sister because they are obstacles in the way of his receiving the mother's exclusive interest and attention.

In the light of this deeper conflict, we now see clearly illustrated that we are dealing with a threatened disintegration of the goal-seeking mechanism, whose aim it is to make the patient secure in the mother's love. The patient wishes to get rid of his brother and sister in order to keep exclusive possession of the mother, but his aggressive impulses toward the brother and sister tend only to estrange him from the mother and to increase the danger of his losing her love entirely. The very motive that threatens to estrange him from the mother has itself arisen directly out of his desperate need to keep her love. In other words, quite transparently, the patient's intense need for the mother is threatened by the very tensions to which this same need has given rise.

The bridge dream (10a), however, succeeds much more satisfactorily in subordinating the means to the goal of winning the mother. The dream is dominated by the wish to please her. In the dream work we are able to detect two steps in this attempt. The hostile impulses are first mitigated into erotic ones. Unfortunately, however, the mother is also unwilling to tolerate the patient's sexual impulses toward the sister and the attempt at mitigation must therefore be carried further. To this end he tries to renounce his erotic impulses toward the sister and to please the mother by assuming a protective attitude toward her. In this dream (10a) he even goes so far as to be willing to share the mother's love with both brother and sister. He is rewarded by receiving the mother's thanks and a glass of milk.

Thus in the bridge dream (10a), the erotization of the patient's hostile impulses toward the sister and brother seems

to be only a part of the more general modification of the patient's impulses, a modification induced by his hope of pleasing the mother. It would seem that the hope of winning the mother has diminished the tension of his desperate need for the exclusive possession of her love. When the tension diminishes, his hostile impulses toward rivals can be mitigated. Instead of wishing to destroy them, he can content himself with giving the sister a playful pinch.

Thus it would appear that with decreasing tension, destructive impulses tend to be modified into erotic ones, whereas with increasing tension erotic impulses take on an increasingly destructive character.

In our interpretation of the patient's material, we spoke of the erotization of his hostile impulses toward his brother and sister. By this we meant the substitution of erotic for hostile impulses. The term *erotization* was first introduced by Freud in his attempt to account for phenomena of this sort in terms of a theory of fusion and defusion of erotic and destructive drives. This theory, however, gives us no answer to the question as to just what circumstances determine when erotic and destructive 'drives' shall fuse and when they shall again be dissociated.

Our analysis of this patient's material has led us to a somewhat different concept of this problem. Freud's hypothesis was that two different kinds of drives, destructive and erotic, tend to fuse or be defused. Our hypothesis is rather that the hope of satisfaction of any wish tends temporarily to neutralize part of the tension of that wish. In accordance with this hypothesis it is no longer necessary to regard erotic and destructive impulses as manifestations of two separate and antagonistic 'drives'. The modification of erotic into destructive impulses or of destructive into erotic impulses of similar content, is rather to be explained as a consequence of the respective increase or decrease of a single factor—the tension of unsatisfied needs or desires. As tension increases, it tends to take on more destructive forms; as it decreases, originally destructive impulses are erotized. Thus the hope of satisfac-

tion by neutralizing the tension of unsatisfied desire tends to lead to the erotization of hostile impulses; conversely, as the neutralizing effect of the hope of satisfaction diminishes, erotic impulses tend to be modified into hostile ones.

In accordance with this principle we should expect that increase of tension from any cause would tend to bring about the reëmergence, in their original destructive form, of impulses that had previously been erotized. This is what actually occurs in the dreams that follow the bridge dream (10a). In the railroad station dream (10b) the hope of winning the mother has disappeared and the anxious tension of the patient's need for her has accordingly increased. As a result the protective attitude toward the sister has vanished; instead he is trying to flee from sexual temptation and to seek justification in the eyes of a mother figure by condemning his wife. The attempt to renounce his sexual interest in her has resulted in the reëmergence of the underlying hostile and rivalrous attitude toward her. Instead of sharing the mother with her as in the bridge dream (10a), he is now seeking to get the mother to take sides with him against her.

In the anvil dream (12) three days later, the patient's impulses have already taken on a violently aggressive character, and he is able to conceive of reconciliation with the mother only in terms of being beaten into submission.

Dependence as a Mechanism of Social Integration: It will now be of interest to attempt to form a concept, in terms of the hypotheses just described, of the integrative pattern involved in certain types of social relationships. Let us consider first what we mean by dependence. In clinical analysis it is often difficult to discover the genetic source of deep underlying dependent cravings that seem to run more or less as an undercurrent through a patient's whole life history. It is usually much easier to discover the dynamic source of a more superficial dependent wish that arises for the first time as a reaction to a particular situation in the analysis. As an example, we may cite a wish that began to appear in the material of the patient we have just been studying, when the

analysis first began to make him aware of the inadequacy of his efforts to please his mother. At this point in the analysis, he began to struggle to protect himself against the insight that his impulses were not pleasing to a woman, by turning to the hope that the analyst would teach him how to behave toward her.

Let us ask, what is the significance of this need for instruction in relation to the patient's fundamental integrative problem? We have only to put the question in order to point to the answer. The patient is seeking to make his integrative load lighter by relegating part of it to someone else, in this case to the analyst. He senses the need to please the analyst, but since the analyst is not impressed with his attempt to renounce and deny his sexual and hostile impulses, he does not know how to make his impulses acceptable to her. In the face of this helplessness, the tension of his need to be loved by a mother tends to rise enormously. He protects himself from this increase in integrative load by a simple device. The analyst shall solve this problem for him. Trusting in her therapeutic interest in him he protects himself with the hope that she will teach him how to make his impulses acceptable to her, that she will instruct him how to bridge the gap between his own actual impulses and what she requires of him.

We notice that what we have just done is to define dependence as an integrative mechanism. Dependence upon another person consists in the attempt to lighten one's own integrative load by transferring the whole or a part of the integrative task to someone else to solve.

Responsibility for Others as a Mechanism of Social Integration: Our definition of dependence now implies, as a corollary, a definition of what is involved in taking responsibility for the needs of another person. Taking responsibility for another person implies an integrative capacity adequate to span not only one's own needs but the needs of another person as well. In the bridge dream (10a) we already have a rudimentary example of this type of social integration. In this dream the patient was reacting to the hope that he could please the analyst

as he had pleased the mother, by renouncing his sexual and hostile impulses. The attempt to please another person implies a cognitive field that includes a sense of the other person's needs as well as one's own, and in relation to one's own. Thus the bridge dream implies a cognitive field that includes the mother's anxiety to have her daughter returned to her as well as the patient's own impulse to treat the daughter as a rival or as an object of his sexual impulses.

Upon careful scrutiny we find in fact that the cognitive field implied in the bridge dream (10a) is even more complex than this in that it takes account not only of the patient's needs and the needs of the mother whom he wishes to please, but also of those of the sister figure. He is able to sense that the young girl also needs the protecting love of a mother, and it is upon this realization that he bases his impulse to share the mother's love with his sister and brother and his hope of pleasing the mother by so doing.

Thus the capacity for taking responsibility for others would seem to be based upon an integrative capacity in excess of that required for the integration of efforts to satisfy one's own needs. The original goal that gave rise to the patient's conflict was a dependent one, to be loved and fed by the mother. This goal takes account only of his own needs and requires the help of the mother to satisfy them. In terms of the patient's own dependent needs, brother and sister are only obstacles in the way of their gratification, and the impulse to get rid of them is a logical means of again securing for himself the exclusive love of his mother. The only defect in this logic is its failure to take account of the psychology of the mother, to realize that the mother will resent impulses to get rid of her other children. In the bridge dream (10a), however, the goal of the patient's strivings has been expanded into one that takes into account the needs of all three persons concerned, that integrates the hope of pleasing the mother with the hope of sharing the mother's protecting love and care with his sister. Thus the bridge dream (10a) may be cited as an elementary example of socially integrated behavior, of behavior whose goal

includes satisfaction of the needs of other persons as well as of one's self. According to our analysis the necessary precondition of such an expansion of the goal of one's strivings is an integrative capacity in excess of that required for the integration of efforts to satisfy one's own needs.

According to our hypothesis, in the partial disintegration of the goal-seeking mechanism that follows, loss of hope of pleasing the mother has resulted in a diminution of integrative capacity, so that the goal of the patient's strivings cannot expand to include the needs of others. With emphasis concentrated upon the patient's own needs, brother and sister again become merely obstacles in the way of his need for exclusive possession of the mother. The result, as seen in the dreams that follow, is the reëmergence of the conflict between hostile impulses toward brother and sister and the fear of estranging the mother.

Earlier in our discussion, we attempted to explain the erotization of the patient's hostile impulses toward the young girl in the bridge dream (10a) as a consequence of the temporary neutralization of tension by the hope of pleasing the mother. According to our hypothesis, the resultant decrease in tension found expression in the mitigation of what had originally been a hostile impulse into an erotic one. This mitigation now finds more complete explanation in terms of our hypothesis that an increase or decrease of integrative capacity gives rise to expansion or contraction of the number of persons included in the goal of this patient's strivings. As long as the goal of the patient's strivings includes only the satisfaction of his own dependent needs, his brother and sister will remain only obstacles in the way of his exclusive possession of the mother; but when the goal of the patient's strivings is expanded to include the girl's dependent needs as well as his own, then the girl ceases to be an obstacle. Moreover, the patient's protective interest in the safety and welfare of the young girl, as well as his own, will tend to exert a mitigating influence upon any remnant of the original hostility that may still be present.

A BIOANALYTICAL CONTRIBUTION TO THE PROBLEM OF SLEEP AND WAKEFULNESS

BY LUDWIG JEKELS, M.D. (NEW YORK)

Johannes Müller, the great physiologist and teacher of Helmholtz, Dubois-Reymond and Ernst Brücke—to mention only the greatest names among the pleiad of his disciples—is said to have coined the aphorism: *Physiologus nemo nisi psychologus.*

There is probably no better proof of this saying in the history of physiological research than the striving of physiologists to understand the problem of sleep. In order to illustrate their almost complete failure with this problem—which has for many centuries been a subject of persistent research—I quote the statement of a witness who is the more dependable since he is not compromised by psychology. The physiologist Kleitman of Chicago has studied the problem of sleep for twenty-two years—mostly experimentally—has contributed numerous papers to it, and has recently published a book of more than five hundred pages entitled Sleep and Wakefulness. In this work he enumerates no fewer than one thousand four hundred and thirty-four references, all of them published since 1912. His last chapter begins with the words: 'It is commonly stated that we know nothing or practically nothing as to what causes sleep'.

Johannes Müller's aphorism was fully verified by Freud at the turn of the century and in subsequent decades when he emphasized the participation of psychological factors in sleep, thus characterizing it as a psychobiological phenomenon. This was a revolutionary step. Not only did it lead to the abolition of the prevailing concept of sleep, but it opened up a path for further research. In a little paper called Instinct

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Dualism in Dreams, which I published with Dr. Bergler,[1] we referred to this important contribution of Freud's, which does not as a rule meet with sufficient appreciation. I should like here to enlarge somewhat on the subject not only for reasons of historical objectivity but because it furthers our understanding of the problem.

In the Interpretation of Dreams, first published in 1900, we find emphasis upon a psychological factor contributing to the occurrence of sleep, namely, the *wish* to sleep, a wish which was assigned such an important rôle in the dynamics of dreams. In the Introductory Lectures to Psychoanalysis which were published as late as 1917, we again find the question clearly formulated though still with considerable reserve: 'What, then, is sleep? That is a physiological or biological problem concerning which much is still in dispute. We come to no decisive answer, but I think we may attempt to define one psychological characteristic of sleep. Sleep is a condition in which I refuse to have anything to do with the outer world and have withdrawn my interest from it. I go to sleep by retreating from the outside world and warding off the stimuli proceeding from it. Again, when I am tired by that world I go to sleep. I say to it as I fall asleep: "Leave me in peace for I want to sleep." Thus the biological object of sleep seems to be recuperation, its psychological characteristic the suspension of interest in the outer world. Our relationship with the world we entered so unwillingly seems to be endurable only with intermissions; hence we withdraw periodically into the condition prior to our entrance into the world, into intrauterine existence.' Similarly, we read in the Metapsychological Supplement to the Theory of Dreams: '. . . when they [men] go to sleep they perform a . . . dismantling of their minds . . . they lay aside most of their mental acquisitions; thus both physically and mentally approaching remarkably close to the situation in which they began life. Somatically, sleep is an act which reproduces intrauterine existence, fulfilling the

[1] In This QUARTERLY, IX, 1940, pp. 394–414.

conditions of repose, warmth and absence of stimulus. . . . The feature characterizing the mind of a sleeping person is an almost complete withdrawal from the surrounding world and the cessation of all interest in it.'

By introducing into the phenomenon of sleep the element of conscious, voluntary—yet temporary—withdrawal from the outside world, of turning away from reality, a fundamental change was brought about in the prevailing conception of the problem of sleep. It was a change in two directions. First it referred to the nature of sleep itself. Up to then it had been held to be merely the negative state of wakefulness, i.e., something entirely passive, something that owed its occurrence exclusively to the nonexistence of all the properties which made up wakefulness to its full extent; in short, something which came about only through extinction or blotting out of the functions of wakefulness. Freud, however, attributed to it the character of a highly *active* process.

In his paper on sleep, Pötzl stressed this as follows: 'Freud's conception of sleep . . . which has emerged from the purely psychic is fully in accord with the results of biological observation of the problem of sleep and with those modern theories of sleep which emphasize the *active* quality in sleep, the wish to withdraw; and yet the freudian concept is older than those theories.'

The well-known physiologist Winterstein—formerly of the University of Breslau, at present in Ankara—is of the same opinion: 'We have noted above that the cessation of muscular activity *is not simply a purely passive occurrence*. . . . Now we see that the behavior in the realm of sensation is apparently quite similar to that in the realm of motility. Sleep is not simply a blotting out of the functions. It seems much more like an active withdrawal. It is not an *inability* to hear or feel, it is the *wish* not to hear or feel, turning a deaf ear, pretending insensibility, the wish "to be left in peace".'

Although Winterstein finds much in the freudian dream theory which is contestable and argues vehemently against it, he does not hesitate to emphasize 'how closely Freud's dream

theory touches the modern theory of sleep, which explains the latter as an *active* process in the organism'.

Consequently—and this is the second revision of the concept—the relationship between the states of wakefulness and sleep was fundamentally recast in the sense that (according to Kleitman) 'far from being the opposite of wakefulness sleep is in reality a complement to the waking state, the two constituting alternate phases of the same cycle, the one complementing the other'.

If, however, one asks the whys and wherefores or at least the deeper meaning of this phenomenon, the answer consists in the enigma that this is the 'nature of the cycle' or the 'mode of existence'.

Unfortunately we must confess that so far neither has psychoanalysis yielded any information with regard to this problem; nothing new has appeared in spite of Freud's promising start and in spite of the fact that in the course of the last fifteen years a number of excellent papers—such as those of Federn, Grotjahn, Isakower, French, and others—were published, dealing with sleep as their more or less central problem. In none of these papers—instructive and enlightening as they are with regard to ego psychology—is this question of Freud's as much as hinted at. This seems all the more amazing since Freud himself held the problem still to be considerably controversial and said, 'We come to no decisive answer'.

The fact that since that time neither Freud nor any of the above-mentioned authors has contributed a hint toward a solution must, in my opinion, be due to the method applied, a method indicated by Freud in his statement: 'It is, of course, the study of dreams which has taught us what we know of the mental characteristics of sleep. It is true that dreams only show us the dreamer in so far as he is not asleep; nevertheless they are bound to reveal to us characteristics of sleep itself at the same time.'

It does not seem very probable to me, however, that the fundamental nature of sleep as stated by Freud—namely, the withdrawal from reality—was derived from the study of dreams. I am much more inclined to believe that this formulation

originated in an observation—ingenuous in its simplicity—which may have been stimulated by his interest in dreams. Moreover the applicability of the study of dreams to the study of sleep seems to me to be limited, first, through Freud's own statement: 'that dreams show us the dreamer in so far as he is not asleep'; second, because in Freud's opinion as well as in that of most analysts there also exists a state of dreamless sleep which bars this access to the problem; and finally, because our knowledge of dreams is not yet sufficiently definite and complete to make it the exclusive basis for this investigation.

Hence I conclude that these investigations would be considerably furthered and would yield greater results if simultaneously with and in addition to the study of dreams we tackle the phenomenon of sleep from another side.

There actually exists another mode of approach: we may conceive of the phenomenon of sleep as corresponding or parallel to the *manifestations of schizophrenia.* Attempts to coördinate sleep and pathological experiences date back several decades and are tied up with the names of Kraepelin, Hoche, Bumke, Stransky and many others. But the only scientist to work consistently on the manifestations common to sleep and schizophrenia was Carl Schneider, Director of the Clinic at Heidelberg, in his book Schizophrenia, published in 1930. He, however, dealt with only one phase of sleep, that of the disintegration of the ego during the process of falling asleep. That this phase is accompanied by a disintegration of the ego had also been obvious to his predecessors: in 1927 Lhermitte and Tournay pointed it out clearly by speaking about *dissociation psychique* and *dissolution du moi,* i.e., psychical dissociation and dissolution of the ego.

In his search for a law which would explain the schizophrenic syndrome in its totality and which would conceive of it as a unity, Carl Schneider found that the experiences at the onset of sleep are in form about identical with those in schizophrenia.

Doubtless all this is honest research work, obviously correct and useful; from the standpoint of clarity and pertinency, however, it does not measure up to what Freud achieved in coördi-

nating sleep and schizophrenia—perhaps even unintentionally, certainly without explicitly mentioning it. In focusing attention on the sleeper's withdrawal from reality, on his repudiation of the outside world, Freud has endowed him with the main characteristic of the schizophrenic, with his *autism*.

In fact the very foundation of Freud's dream theory presupposes the disintegration of the ego, a disintegration which was considered the essential pathognomonic symptom of schizophrenia even before Bleuler (Wernicke's *dementia sejunctiva*) and certainly since Bleuler. The fact that Freud had this psychological relationship in mind is evidenced in his metapsychological papers in which he strove to find the differences in cathexis between dream and schizophrenia. It seems a great pity that he restricted his investigations to the hallucinatory phase common to both phenomena, thus denying us a more positive knowledge.

When we ask what else psychoanalysis has contributed to the knowledge of sleep we come first upon the name of Paul Federn—not only for reasons of chronology but also in appreciation of his achievements. He has furthered our insight into the problem considerably. One does to his work no more than justice by calling him one of the best commentators on Freud's psychology of dreams.

Equipped with an excellent understanding of psychoanalytic concepts, Federn has introduced the experiential quality of 'ego feeling' into our psychology. By applying it to various psychoanalytic problems he has developed a very useful explanatory principle. Using this principle in conjunction with his acute observations of dreams and related pathological phenomena, he succeeded in proving what Freud had only intimated. First of all there are his contributions to Freud's conception of the ego as bodily ego, and then his establishment of the psychological category of the 'mental ego' as corresponding to the bodily one. He arrived at the latter by putting together what Freud had only called thoughts, thought cathexis or even mental residues—phenomena which could no longer be left in this state of *disjecta membra* in the face of increasing

observations such as those on superego wish fulfilment dreams, or the persistent partial cathexis of the perceiving ego.

The three papers by Federn on the ego in dreams are a lasting contribution to psychoanalytic literature. Yet I must single out one assertion of this reliable author in order to illustrate why an additional path of investigation, such as the one I intend to take here, is indispensable if positive results are to be reached.

In his paper, Ego Feeling in Dreams,[2] Federn says: 'In full sleep ego feeling is extinguished. . . . As long as the sleeper does not dream he does not feel his ego.' This assertion seems to be incompatible with Freud's thesis that during sleep the ego is enriched by the libido withdrawn from the object world and regresses thus to the state of primitive narcissism. Of course, Federn did not overlook this contradiction; after several not very successful attempts to clear it up he repeats, 'Here, where we are dealing with the manifestations of narcissism in ego feeling we must state that this narcissistic cathexis of the ego is absent in dreamless sleep'.

Grotjahn, in a paper The Process of Awakening, published ten years later, reformulated Federn's view much more radically: 'The sleeping ego is not cathected with libido which is withdrawn during the process of falling asleep'. I wish to put particular emphasis on the fact that both Federn and Grotjahn are absolutely right in their assertion. The apparent contradiction with Freud's thesis may easily be resolved by the following considerations:

Freud's statement that the libido of the sleeping ego regresses to the stage of primitive narcissism is misleading; this is clearly a case of libido having been withdrawn from objects and flowing toward the ego—a state which Freud himself repeatedly, as for example in The Ego and the Id, designated as secondary narcissism.

Apparently this kind of cathexis cannot wholly lose its character; it still bears traces of its origin and thus some connection

[2] In This QUARTERLY, I, 1932, pp. 511–542.

with and dependence upon the object world. Small wonder therefore that during sleep, when the object world has become completely submerged, such a weak cathexis gradually fades out and finally vanishes entirely. The same thing happens to ego consciousness, or to quote Federn, ego feeling. Federn must have had a hunch of this situation since he mentions the extinction of ego feeling.

The element, however, that seems much more important to me is the fact that loss of ego feeling is experienced as *dying*. This conception of mine agrees fully with that of the well-known phenomenologist, A. Kronfeld, as expressed in his book *Perspektiven der Seelenheilkunde* (Perspectives of Psychiatry), published in 1930. He thinks that there are two human experiences—sleep and anxiety—which badly jeopardize the unity and wholeness of the person, implying an essential threat to the ego, an anticipation of death. Both experiences constitute a fundamental change in the adjustment of intentionality to reality, a change in the attitude towards and in the manner of meeting the object world as compared to that immanent in waking consciousness. The person is being deprived of the feeling of his self or his 'being himself' which is the pillar of the personality since it fundamentally differentiates that person from all other selves, as well as from the individual within the person. Thus in sleep the person sinks down to the level of the inner individual or, as Kronfeld referring to Freud expresses it: the ego sinks to the stage of the id.

Twelve years later in his latest paper Federn said, 'According to Freud, the ego is separated from the id; sleep means the temporary cancelling of this separation. Metapsychologically, falling asleep initiates the return of the ego cathexis into the id. Phenomenologically no id can be observed; but one observes that the cathexis is lost and that one's ego returns to prenatal nonexistence.'

In contrast to Federn I am of the opinion that 'nonexistence' not only means a return to the prenatal stage, but also, at least to the same degree, a danger to the existence of the ego because this process—by which the ego and the personage (Kronfeld)

are in sleep deprived of their specificity and reduced to a large extent to the uniform and undifferentiated state of the id or individual (Kronfeld)—is experienced as a mortal threat, as an *anticipation of death.*

As the main support of this conception of the phenomenon of sleep I again offer you the comparison with schizophrenia and especially with its *delusion of the end of the world.* Ever since Freud's explanation of this symptom we are inclined to think that the schizophrenic accepts the psychical consequences of that experience—the aggrandizement of his ego and his megalomania—without any attempt to solve the conflict in a normal way—just as the sleeping ego in its fateful unity with the object world is submerged together with it.

This is an entirely erroneous idea as evidenced by Freud's observation: '. . . occasionally the converse current of feeling made itself apparent; a newspaper was put into his [the patient's] hands in which there was a report of *his own death* [italics mine]; he himself existed in a second inferior shape and in this second shape he one day quietly passed away. But the form of his delusion in which his ego was retained and the world sacrificed proved itself by far the more powerful.'

This obviously represents an attempt at a normal resolution such as is actually realized in sleep. The ego of the sleeper is about to perish since in contrast to the schizophrenic it has been almost entirely depleted of libido. However, the overwhelming narcissistic cathexis of the psychosis frustrates this attempt. Consequently he lets the world be submerged and his ego assumes the *sauve qui peut* attitude at the cost of unspeakable, horrible anxiety.

I should like to offer other evidence of how closely sleep and death are associated in the imagination of mankind. It is most obvious in folklore. In most modern languages we find any number of colloquial comparisons such as: to sleep like the dead, like a stone, like a block of wood; or: eternal sleep, the last sleep, death is a long sleep, sleep is a little death, etc. Except for such figures of speech as Macbeth's, '. . . Sleep —the death of each day's life . . .', there is hardly any genuine

feeling connected with such picturesque expressions; repression seems to have been thoroughly at work.

This seems to have been different in ancient Greece. According to the painstaking and dependable investigations of mythologists this associative connection was at that time by no means a mere figure of speech but very significant and alive, so much so that it was included in religious imagery. The best example is the creation of the god Hermes—a reference for which I must thank Dr. Isakower. The messenger of the gods, whose functions underwent considerable changes in the course of time, never lost the two most essential functions attributed to him: he was always the god of sleep and dreams. He gives and takes away sleep, he brings dreams. A libation was offered to him before going to sleep; the last drink of the day bore his name. His likeness was carved into a pillar of the bed in the thalamos so that he might act as guardian of sleep; one turned one's face towards this likeness in sleep.

Simultaneously however—and this is probably a residue of an older folk belief—he is also a chthonic god, a god of the nether world, of Hades, a bringer of death. He gains the love of Persephone, queen of the nether world, and whereas she brings a slow death, Hermes brings a quick death. For a certain time he substituted for Charon, whose task it was to call for the souls of the dead and bring them to Hades. Soon Hermes took over this function permanently. In his first office he is called Hermes hypnodorus—the sleepbringer—in the second, as escort of the dead, Hermes psychopompus or psychagogos.

Antique literature is full of examples of this close association of the ideas of sleep and death. Homer's Iliad (16, 231) contains the beautiful legend of the twins Thanatos and Hypnos—the latter a sleep-god closely related to Hermes hypnodorus—who, by the will of Zeus and by order of Apollo, carry the body of the hero Sarpedon to his home so that his brothers and kinsmen may pay him the last tribute. The great mythologist Roscher says, 'The obviously close relationship between death and sleep is at the root of the inspiring poetical idea: death

and sleep resemble each other like twins . . .'. In another paragraph of the Iliad we find that death is called 'iron sleep'. There is a contrasting idea in the story of the Odyssey (13, 79) where deathlike sleep is said to have descended upon Odysseus' lids while the Phæacians—literally the 'ferrymen of death'—carried him with supernatural speed to Ithaca, the home he had fervently longed for.

According to Hesiod's Theogony, Hypnos and Thanatos are twins, sons of Nyx (the Night) and Erebus. Similarly in Cicero's *De natura deorum* it is said, *'Fatum mors somnia'*. The same idea occurs in Virgil's works and in many others, even in Grimm's German Fairy Tales where Death calls Sleep his own brother.

From the excellent research by the great German poet and thinker Lessing in How the Ancients Pictured Death, we know that for the antique arts it was obligatory to represent sleep and death as twin brothers.

The restitution of the ego, identical with awakening, is started by the mental ego; it is carried out just as in schizophrenia by means of hallucinosis, that is, by means of the dream. Herewith I have revealed my own approach to the problem which can briefly and best be expressed by paraphrasing the old saying of Goblot: *'Le reveille, c'est un rêve qui commence'* (Awakening is a dream beginning).

Implied herein is also the solution of the question—hitherto undecided—of whether we dream regularly every night or whether we do so only sporadically. The answer is, that except in the case of sudden awakening through an external stimulus, whenever there is sleep there is a dream. I am fully aware that in this I am not in agreement with the majority of analysts and, above all, not with Freud. He held that the occurrence of a dream is conditioned by the day's residues, the libidinal overcathexis of which is discharged by means of the dream.

Although Freud took into account the awakening function of the dream he attached incomparably more significance to its rôle as a guardian of sleep which he had discovered. He

considered the awakening function rather as accessory caused by certain special conditions such as excessive increase of mental intensities.

This limitation of Freud's concept seems natural if we realize that at the time he wrote the imposing Interpretation of Dreams, and for many years thereafter, none of the manifold results of ego psychological research were available. Today we have at our disposal the excellent studies on awakening by Silberer and particularly by Federn, Grotjahn and French which justify certain supplements to the classical dream theory.

These authors evidently reached their pertinent conclusions almost exclusively from the study of dreams or at least of dreamlike states. The results of their subtle observations and exact interpretations of the latent as well as the manifest content of dreams must be counted among ego psychological findings to which we are indebted for a fairly accurate insight into the process of awakening and of the reconstruction of the ego.

There is one factor about which even these findings do not inform us—which, in fact, is hardly ever mentioned. I am referring to the question: *'Why do we wake up at all?'* It is by no means easy to find an answer to this question.

It is commonly assumed that awakening is something natural since, having slept, we are no longer tired but completely refreshed. This explanation however must be decidedly refuted; it is not only inadequate but basically erroneous. Its sole support is the fact—doubtless incontestable—that the onset of sleep is frequently preceded by tiredness and a need for rest, but it overlooks the enormous phenomenological and psychological difference between the states of rest and sleep. And more important, such an explanation is fundamentally wrong because it characterizes awakening as a merely passive occurrence. Thus a mistaken scientific assumption would be reinstated which it took centuries of research to correct and at last to replace by the establishment of the active factor in the phenomenon of sleep.

Having recognized voluntary withdrawal from the outside

world as an active, dynamic element in the onset of sleep, we are consequently concerned with an *active* dynamic factor whose task it is, as it were, to prepare the ego in the process of awakening. Of the four authors previously mentioned, only one, Martin Grotjahn, guessed this. He mentioned it in a paper on the problem of awakening, published in German eleven years before the one referred to above. At that time his work was obviously based upon Husserl's phenomenology alone. He offered therefore a solution for the question of the dynamic agency of awakening which was entirely in accordance with Kronfeld's *Aktpsychologie:* he considered it to be the striving of the residues of the person towards a restitution of reality adjusted intentionality and thus towards a totality of the person.

Regardless of whether or not my own conclusions coincide to any degree with Grotjahn's previous ones, I believe that I have found the dynamic agency in question to be of an entirely different nature. Let me explain this in detail: in their latest paper Grotjahn and French inferred the existence of a cognitive ego function which never vanishes during sleep and remains extant to a certain degree even during deep sleep. This is in full agreement with Freud's assertion put forward as early as in the Interpretation of Dreams—we know that we sleep. Physiologists knew of this phenomenon even before Freud, from such observations as the fact that a miller will wake up when the mill stops, a wet-nurse when the baby needs her, and a great number of people at whatever hour they intend to.

What seems to me new, correct and productive in the conclusions of these two authors is their assumption that this cognitive ego function works in two directions: the one as an inner or intrapersonal relation toward the mood of the person and the other as an interpersonal relation toward the outer world.

Hence, this is where I see the dynamic factor in question: the cognitive ego function, concerned as it is with all the parts of the personality such as the superego, the id, and the bodily

ego, becomes aware of the impending threat to the collapsed bodily ego and therefore abruptly arranges for the process of awakening.

Grotjahn similarly says, 'The gradual awakening starts with the reconstruction of the intrapersonal communication; it is identical with the inner cognitive function'. In this, however, he does not take into account the existence of any dynamic factor nor does he—and this I should like to stress particularly—imply that the reconstruction of the ego which prepares awakening is at the same time the beginning of dream formation.

My thesis is based on the impression gained by exact and careful study of all the detailed and manifold integrating and synthetizing processes which finally lead to the restitution of the ego as reported by Grotjahn and French. There are two striking elements: first, that we are faced with a very intricate, unusually subtle mechanism; secondly—and this is what I am concerned with most—that this entire delicate mechanism is to a large extent regulated by *the principle of time.*

This is not meant—at least not exclusively—in the sense of simultaneity or of sequence but rather in the sense of tempo, i.e., of slow progress, of caution and careful avoidance of precipitate developments. Possibly Grotjahn too was under this impression for in speaking of these processes he characterizes them as 'more or less slow'.

My impression is reinforced by another of Grotjahn's observations: he found that a sleeper awakened suddenly by an external stimulus sometimes shows a reaction similar to that observed in people in the process of recovery after shock, namely, the total absence of the synthetic cognitive function.

Considering all this one can hardly fail to infer that the slow and cautious progress of the process serves the purpose of preventing a possible traumatic effect from the intrapsychical perception of the danger threatening the bodily ego.

If this is so, then my thesis that it is the dream which provokes awakening is neither as original nor as heretic as it may seem. I have done nothing but to apply one of Freud's concepts, the 'prehistoric' function ascribed to the dream in Beyond

the Pleasure Principle. This function is conceived as residing in the dream beyond and quite independently of the pleasure principle and thus seems to constitute the exception to the rule that the dream is always a wish fulfilment. Freud had recourse to this prehistoric function in order to explain the fact that dreams of traumatic neurotics frequently deal with the traumatic experience itself, and the fact that dreams of analytic patients deal with unpleasant childhood experiences. This prehistoric dream function has the task of making up for the lack of preparedness for anxiety, since the absence of such preparedness at the time of the experience was responsible for its traumatic effects.

Accordingly, I have done no more than make applicable to all dreams this characteristic which Freud restricted to certain kinds of dreams. I assume that the awakening function is inherent in all dreams and that it constitutes their quintessence, their fundamental task.

You will recall that thus far I have based my own approach on the results of ego psychological research. By a comparison of the phenomena of sleep with those of schizophrenia I have concluded that there is a deeper meaning inherent in sleep, that of dying. This is hardly compatible with the pleasure principle; it must have originated beyond it and in a principle of an order that probably is more fundamental and older than the pleasure principle. At this point Freud's concept of the rôle of prehistoric dream function in repetition compulsion quite naturally forced itself upon my attention. It was most welcome since it obviously constitutes a far-reaching confirmation of my own concept of the deepest meaning of sleep and of the most fundamental dream function.

To prove unequivocally that my own notion is in no way inconsistent with Freud's bioanalytical concept of sleep as a return into intrauterine existence and that it is quite compatible with his dream theory, let me quote the following passage from Beyond the Pleasure Principle:

'Thus the function of the dream, viz., to do away with

motives leading to interruption of sleep by presenting wish fulfilments of the disturbing excitations, would not be its original one; the dream could secure control of this function only after the whole psychic life had accepted the domination of the pleasure principle. If there is a "beyond the pleasure principle" it is logical to admit a prehistoric past also for the wish fulfilling tendency of the dream, though to do so is no contradiction of its later function. Now, when this tendency is once broken through, there arises the further question: are such dreams, which in the interest of the psychical binding of traumatic impressions follow the repetition compulsion, not possible apart from analysis? The answer is certainly in the affirmative.'

Thus, the meaning of sleep as a return into intrauterine existence, as well as the wish fulfilling and sleep protecting function of the dream, have their origin in the realm of the pleasure principle. Nevertheless, this principle is itself not the original one. There is a 'prehistoric past' 'beyond' it, in which the meaning of dying is immanent in sleep and the awakening function in the dream.

Furthermore, if it is correct that the bodily ego is about to be extinguished during sleep because its object world has been submerged, the dream must necessarily appear to us as the most appropriate remedy and means of restitution since it creates the object world—though deceptively—and presents it to the perception of the ego. On the other hand, the choice of hallucinosis as a mode of approaching reality is proof of the extremely careful process of restitution which takes place gradually thus avoiding any abrupt transition.

It also seems to me that the delicate and cautious process of restitution is evidence of the tendency to protect sleep as much as possible, a tendency to which the wish fulfilling tendencies of the dream may contribute their share. I do not think that the main objective of this function of the dream is to be guardian or keeper of sleep. It appears rather that the main task of this function consists in its opening up the deepest wells of the life instinct—the wells of infantile sexuality—thus

contributing all the libidinal cathexis necessary for the restitution process. And it is certainly to a large extent the work of this very function which enables the recently collapsed ego to return to life—like the phoenix from the ashes—in full adjustment to reality with ego boundaries ready to meet the world, in complete realization of the self, in short, as a person thoroughly equipped with will and prepared for action.

Here I would again quote Immanuel Kant (The Critique of Judgment, Par. 67): '. . . now I would ask if dreams (without which we never sleep, though we seldom remember them) may not be a purposeful ordinance of nature? For during the relaxation of all the moving powers of the body, they serve to excite internally the vital organs by the medium of the Imagination and its great activity (which in this state generally rises to the height of affection) . . . Consequently, then, without this internal power of motion and this fatiguing unrest, on account of which we complain about our dreams (though in fact they are rather remedial), sleep even in a sound state of health would be a complete extinction of life.'

If these assumptions represent the situation correctly, at least in outline, we should be able to find some traces in the structure of our world of ideas of this daily, or rather nightly, resurrection of the ego. And indeed I am inclined to think that this experience is one of the strongest roots of the belief in personal immortality.

Originating in the individual experience this belief was enlarged to the doctrine of athanasia and as such was taken over by the oldest religions, the Indian and the Orphic. It seeped into the Greek religion and by tradition even into modern, contemporary folk belief. On the other hand, the doctrine, allegedly initiated by Plato and Cicero, invaded philosophical teachings. Even Kant accepted it as a postulate of practical reason.

In order to illustrate to what extent this concept has been confirmed by the philosophers far beyond the scope of its origin, I should like to quote what Heinrich Schmidt says in the

Philosophical Dictionary: 'The belief in personal immortality is obviously a product of dream life and as such originates in primitive man; it is being supported by the fear of death, by the habit of life and by the vanity of the ego, which conceives of itself as of a being whose loss would be irreplaceable for the world.'

At the beginning of the paper I dealt with the allegedly explanatory solution of the physiologists of the 'rhythm of life'. I called it an enigma, a substituting riddle. The obvious implication is that I know a better answer. This is indeed the case and I now feel obliged to reveal it to you.

I should like first to refer to a little paper by Federn published in 1933 under the title: The Awakening of the Ego in Dreams. In this paper he developed the inspiring idea that the ego in sleep gradually arises from the embryonic stage of absolute noncathexis to partial cathexis of infantility and finally to the actual ego stage. He conceives of this process as of a repetition of ego development within a brief period of time, analogous to the ontophylogenetic process, and accordingly designates it as orthriogenesis.

This indubitably correct finding of Federn has hardly any bearing upon the problem of the process of sleep and wakefulness with which we are concerned here. I refer to it only because it does imply a certain historical point of view which—although of an entirely different order than Federn's—is of essential significance for my own solution.

It seems to me that the only access to understanding the process of sleep and wakefulness is found in a characteristic that so far has not been touched upon either by me or by any other psychoanalytic author, namely, in its *periodicity*—the regular cyclic recurrence of sleep and wakefulness. Unfortunately science has contributed hardly anything to the problem of periodicity beyond acknowledging the bare fact that it exists, that it dominates organic and inorganic nature, and finally that it can be modified in organisms through environmental influences.

There were numerous attempts to learn more about the rhythm of sleep and wakefulness. One of the latest held it to be the consequence of the accumulation and diminution, respectively, of products of fatigue. Other authors hold the influence of endocrine processes on the vegetative system responsible. However, all these 'influences' failed to yield real insight. A scientist of the standing of Economo openly admitted that 'some periodically rotating process, of a hitherto unknown nature, recurring in daily oscillations, is the deeper and actually primary cause of the sleep cycle'.

Now this process which I designated above as historically conditioned or acquired is no longer of an unknown nature. There is no reason to shrink from identifying the periodicity of sleep and wakefulness with the pattern of the almost incomprehensible cosmic process which produced life out of lifeless matter. We may thus conceive of our existence in the constant cycle of sleep and wakefulness as of the archprocess of *biogenesis,* retained and reproduced in an infinitely reduced version. I would remind you here that Ferenczi held exactly the same opinion, at which he arrived by an entirely different route, that of his hypothesis of 'thalassal regression'. In his Theory of Genitality he writes: 'Sleep represents the repetition of bygone forms of existence; even of the form of existence *before the origin of life itself* [italics mine]. And the awakening is still caused by traumatizing forces which have awakened the matter to life.' And at another place Ferenczi makes the statement: 'We may fancy that sleep mirrors tendencies toward rest which are still very archaic and primitive (drive towards the inorganic state: death instinct).'

It is evident to everyone familiar with Freud's instinct theory that this concept places the process of sleep and wakefulness among the instinctual manifestations. In Freud's concept cited in Jones's simplified formulation, the instincts fundamentally are internalized effects of previously external disturbing stimuli. Accordingly, the following assumption of Freud is particularly applicable to the process of sleep and wakefulness with its day and night periodicity:

'But in the last resort it must have been the evolution of our earth and its relation to the sun that has left its imprint on the development of organisms. The conservative organic instincts have absorbed every one of those enforced alterations in the course of life and have stored them for repetition. . . .'

I am aware of the fact that this solution might seem unsatisfactory or even disappointing, the more so since it is the result of such a lengthy and complicated investigation. It hardly presents any new element, let alone a revelation. Sleep was long ago recognized as an instinct. To recall only the most notable among the scientists of the last centuries who held this opinion, let me mention the famous names of Brown-Séquard and Claparède in Geneva. But these men were never acknowledged nor was their opinion generally accepted.

Indeed, so little did physiologists approve of this concept that in the more than five hundred pages of Kleitman's book a scanty page and a half deals with it. He wrote:

'There is one other theory of sleep to be discussed in this chapter, although reasons could be advanced for placing it in the next, among the humoral, theories, or *for leaving it out altogether* [italics mine]. I refer to the biological theory of sleep, first advanced by Claparède in 1905, according to which sleep is an "instinct". This theory has nearly as many adherents as Pavlov's cortical inhibitions theory and it should be discussed for that if for no other reason.'

Summarizing, Kleitman says, 'It may be said of all the different biological theories that they emphasize the importance of sleep and account for it in general terms of protective instincts or reactions without an adequate explanation of the mechanism underlying the alternation of sleep and wakefulness'.

I hope that the application of psychoanalysis to this biological problem will, on the one hand, redeem it from its alleged inadequacy and, on the other, essentially enlarge its scope.

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PSYCHOANALYTIC THERAPY IN THE BORDERLINE NEUROSES

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The patients who fall in the so-called borderline group constitute a large percentage of those who seek treatment for neurotic illness. Many of them are desperately sick people. Many have been ill for a long time and have gone from doctor to doctor in their effort to obtain relief. These patients present problems difficult for all of us to solve: problems that demand all our ingenuity, knowledge, skill and patience. In my experience we often fell far short of good therapeutic results. I say 'fell' advisedly because the results of my therapeutic efforts, based on better insight into some of the fundamental etiological factors involved in the borderline neuroses, have encouraged me materially. It is not that the time required has been markedly lessened (it is still imposingly long) but that the therapeutic results themselves, because of an increased assurance and ability in handling the clinical picture and in controlling the transference by keeping at a minimum its negative or disturbing aspects, have been increasingly gratifying.

Some of these patients remained in treatment long enough to have served, as it were, as an experiment so that in the course of the last few years I have from time to time been able to modify my technique from that of the classical psychoanalytic manner. These modifications were initiated as the etiological factors in the illness revealed themselves.

Experience has impressed upon me the importance of what might be called the 'traumatic' origin of the pathological development of the warped ego, an ego so characteristic in borderline cases. Such people are born into an environment where traumata are practically continuous, giving credence in this sense to Freud's early theory of the traumatic origin of the neuroses. It is not that these patients are exposed to specific experiences, sexual or otherwise, which are in themselves of a necessarily traumatic nature, but that their environment

is in itself so traumatic that when they are exposed to such experiences they react to them as if they were traumatic. Insecure in their ego structure, such individuals cannot take these experiences in their stride, as children in a more favorable home environment may be able to do. Fears of punishment and loss of love are too great; dangerous experiences are avoided wherever possible.

The mother holds the key position in the home environment and it is the mother's personality which decides, for good or ill, the mode of development of the ego and the future mental health of the child. If she possesses a goodly share of simple maternal affection, she may to some degree counteract the traumatic influence of unfavorable personality traits (neurotic, psychotic or psychopathic) of the child's father. But if she herself is neurotic or psychotic, she will only add to those difficulties of the child induced by the father's traits.

While the influence of a depriving, rejecting mother during the earliest period of the child's life causes lasting damage to the personality structure, yet the experiences of this early phase often leave no recoverable memories. Here, perhaps, lies the background of the psychosomatic predisposition to neurotic or more likely borderline or psychotic illness. The child's psyche and soma, acting as one, respond to the treatment received from the mother with defense reactions, self-preserving and reflex in nature. Such reactions to frustration appear at that early time of life when a constant and unlimited flow of psychosomatic nourishment is needed to give the child a sense of security in its possession of the mother.

There is a wide variety in the characteristics of mothers who influence pathologically the ego structure of their children. Moods and silences of long duration, the absence of gaiety, failure to play with the children, outright rejections and deprivations, severe criticism, rigidity of the personality with too little tenderness and show of maternal affection, and finally the overanxiety of the insecure, demanding and unforgiving mother—all these are traits which create serious difficulties in the development of a strong, self-reliant ego. These mothers,

by their tone of voice, the nature of their touch, arouse in their children a bodily (reflex) predisposition to apprehension, expressed by a somatic preparedness to guard against danger from the outside world. This apprehension is in later life a fertile source of so-called unmotivated anxiety. The psychosomatic apparatus has been conditioned in the direction of tense and rigid preparation against ever-present traumata. Of prime importance is the fact that these traumata are received or expected from the mother, the person from whom the child has the most right to expect love, protection, and the sense of being wanted. It bears repetition to state that these traumata are not single experiences but a constant environmental factor. Perhaps the term 'affect or love hunger', coined I believe by David M. Levy, best describes the situation.

The father's influence upon the ego development of the very young child is also important. Neurosis or psychosis, a rigid personality, cruelty, desertion—all have profound effects. But the contact between father and child is not constant or intimate during infancy. It plays its chief rôle at a much later age.

The adult who during childhood suffered from a traumatic environment of this kind has, regardless of his later professional or social success, an excessive need for understanding, respect, affection and support. As a result of frustration these insecure people evidence stronger affective fixations, œdipal and pre-œdipal, than those who have experienced more love as children. Although many of these patients in an attempt to break away from such an environment leave home for a new world of people and experience at a relatively early age, they still retain their fixations with great tenacity—a tenacity that seems to be in direct proportion to the love-hunger or affect-hunger unsatisfied in infancy and early childhood. Consequently, when one attempts to treat them, these character traits, along with their causes, present the main sources of the transference problems, clinically so stormy and so difficult for both patient and analyst. However, once this affect-hunger is recognized in the transference, many other phenomena group themselves

about it and become at least comprehensible even though not always as accessible as we would wish.

After this lengthy introduction it is time to talk of the abundant technical problems that present themselves almost from the beginning of treatment. Because much in the way of etiology is precœdipal in point of time, involving the ego structure, it is essential that the technical approach be for a long time directed accordingly. Psychoanalytic therapy was originally devised to treat the transference or psychoneuroses. In the borderline group which presents problems based on deep psychosomatic factors the positive transference is limited by the poor capacity for object love. Therapy in which the analyst employs the so-called passive rôle makes inadequate provision for the handling of such a weak transference and the patients' concomitant dependent needs.

It struck me forcibly that when borderline patients were treated lying on the couch, they maintained their accustomed withdrawn, detached states interminably; they remained protected against affective transference involvement as well as against other affective display. There were voluminous associations, apparently 'free' but obviously tendentious, based on the need to win over the analyst. I attempted to influence this obstructive tendency by breaking in with the explanation that conscious or unconscious needs determine behavior in the analytic situation. To silent patients I attempted to explain as best I could the significance of their silence. I depended, too largely it now seems to me, upon the patients' understanding of these phenomena to effect a change in behavior. I achieved little success. In time it seemed to me that unless I could effect an easier relationship to me, I should achieve little benefit from what was chiefly an appeal to the intellect. I came to realize that these patients did not need to learn; that in fact they already knew a great deal about which they were guilty or terrified. What they needed from the analyst was help in lessening this guilt or fear so that they could reinvest their thoughts with emotion. How to get this help to them was the problem. Merely waiting patiently or,

as so often happened, impatiently, struck me as poor medicine. It occurred to me that their detachment might be shaken by my assuming a more active participation in their lives. It seemed of utmost importance that the physician bring about a reality-determined relationship—essentially different from the original childhood relation to the parents—from which these patients might obtain more assurance and courage to face their painful affects. To achieve these ends the analyst could not remain uninvolved in the patients' lives and feelings as he may in the case of patients who have attained a greater capacity for object love.

With this formulation in mind—despite the knowledge that anxiety and suspicion were likely to meet any change—I explained to the patients then under treatment that in an attempt to obtain better results I would suggest that they sit in a chair facing me instead of lying on the couch. For all but two patients the change worked out smoothly enough. The two resumed their former position because the anxiety incident to the change was too great. I then sat where they could see me and in time they also sat up facing me. Now from the very beginning, all patients of the borderline group sit facing me, a procedure which militates against detachment, self-absorption and isolation. It is the accustomed position in ordinary friendly relations. While facing the physician there is better opportunity to observe their behavior, facial expressions, etc., and the patients are consequently less inclined to believe that the analyst is possessed of mystery, unapproachability and taboo. A reality relationship is thus more readily developed. The patients' keen observations also militate to some degree at least against the analyst's retreating too long or too deeply into his ivory tower.

In the borderline group anxiety usually appears whenever the analyst is silent for any length of time. Silence is especially disturbing to the patient who finds it difficult to talk at all. Patients who talk easily are none the less concerned as to what the analyst thinks of them and more immediately as to what value he sets upon their work during each session. His

silence leaves them in painful doubt. In advanced stages of treatment the unconscious meaning of this 'working for approval,' whenever it proves a hindrance, is directly analyzed; but in the early stages, which in some cases may take many months, the immediate aim is to help the patient to become well acquainted with the person and personality of the analyst. In the less professional, less formal atmosphere engendered by facing the physician, ordinary everyday things seem to find a ready place. To one patient for whom authority was unquestionably vested in an unapproachable person I suggested, in order to break this taboo, that he touch me. When he had touched my arm I said, 'Well, how about it?'. It took him a little time to catch on, and then he laughingly said, 'Your muscles feel just like mine'. That little act made a great difference in our relationship during the next weeks; it helped to make it a more realistic one as far as my person was concerned and gave the patient an opportunity to contrast this reality-determined relationship with his previous unrealistic, transference-determined reactions. In general it may be said that the problem of getting the patient to familiarize himself realistically with the person and personality of the physician is a prime prerequisite to the smooth procedure of the analysis itself. Only in this way can these patients begin to be assured of his decent, human regard.

It must be borne in mind that as adults these patients still fear the rejections experienced in childhood—especially if they fell short of the parental demands for good behavior—and thus they have difficulty in moving about in affective relationships. As far as possible an atmosphere should be created between analyst and patient which will prevent the patient's feeling that he lacks the analyst's respect, sincere interest, protection and support. Actual experiences in early childhood have deprived such individuals of the assurance of these important ego builders and stabilizers. Somehow, and not through words only, but through the physician's behavior, it must be conveyed to the patient that this new relationship possesses a quality absent in the childhood relation, and that

this quality is in favor of the patient. It is inevitable that in the transference, by virtue of his pathological insecurity and dependence, the patient should unconsciously seek to create a child-parent relationship more sustaining than the old one. The analyst must to some extent, for a certain period of the treatment, supply this sustenance; for rightly enough what the patient dreads is treatment at the hands of the physician in any way similar to that received from parent or parents. Experience teaches that the development of a realistically-determined relationship and a relationship that is materially aided by whatever object love capacity the patient possesses, cannot be left solely or even mainly to internal changes due to acceptance of the unconscious in the course of the analysis. While it is true that knowledge is power, knowledge alone is by no means sufficient for the borderline group of patients who are sometimes very gifted especially in acquiring an intellectual understanding of the unconscious. A rude awakening for both patient and analyst can be avoided if the analyst is on his guard under such circumstances.

Just what to do to give a patient such assurance I find it difficult to put down in black and white. It is no easy matter to influence such patients. What I seek to accomplish is to make the relationship between us less subject to violent fluctuations in both directions than would otherwise be the case. When the relationship is disturbed the patient experiences acute distress, and work then stops and must wait for the disturbance to quiet down before it can be resumed.

Because of the inevitably and desirably close relationship resulting from the response of the analyst to the needs of the patient, I have learned to pay more heed to what a patient thinks, feels and says about me and to ascribe less to transference and resistance than in former years. I now give more credit to the acumen, intuition and understanding of the patient in regard to the traits, motives and behavior of the analyst. Resistances and transference phenomena are revaluated in this light. The analyst's infallibility gradually loses its childhood significance and the patient feels that less is

demanded of him, the analyst like himself being fallible and human.

In these various, vaguely indicated ways, a supportive therapeutic approach is made with definite objectives, chief of which is to help the patient to become analyzable in the strict sense of the term. To accomplish this it is essential to envisage the advisibility of effecting changes in the ego structure which will perhaps provide sufficient incentive and sufficient ability to love a parent substitute who, in contradistinction to the former rejecting parent, makes this love worth the patient's effort. He comes to know that the love he gives is valued and respected by the analyst. Thus affection, interest, confidence and trust are evoked in the patient. Much of this is childish in nature and subject to fluctuations which cannot be adequately controlled. The analyst is impressed by a deep sense of responsibility in thus freeing the childhood love (dawning object love). He has, in a sense, as some patients aptly put it, their lives in his hands. The analyst now possesses the material from which a strong ego and the capacity for object love can be forged and is forged by the everyday kind of parents who love their children. When, in the course of treatment, this dependence is released and bestowed upon the analyst, it should be welcomed and responded to with whatever parental capacity the analyst has. Support, assurance, understanding, respect, consideration, and unflagging interest are all necessary. The assurance of being wanted, of belonging, helps materially to develop self-assurance and a strong ego structure. Since these are so lacking in the borderline group, they must be developed in and by the treatment. It should be kept in mind, however, that while many dependent phenomena enter into the relationship between patient and analyst, at the same time more currently determined affects are also present. These can be used to stabilize the relationship. It is encouraging to patients to know to what extent current and not particularly infantile affects and reasoning are at work.

A fairly wise, self-assured, affectionate parent is not concerned when a chronologically dependent child shows depend-

ence. Such a parent takes this responsibility for the welfare of his children with interest and pleasure; he welcomes dependent love on the part of the child at a time when it is in order and meets it accordingly. So does a similarly endowed analyst with a dependent patient. Nor does such a parent show concern that this dependence may give trouble later when signs of independence should be apparent. The parent knows that self-assurance and self-reliance will lead in proper time to that independence evidenced by outside interests and attachments for which the parent has prepared the child by having had affectionate regard for the child's dependence in its own time.

So in the treatment, too, there is no need for undue concern over the extreme manifestations of affective dependence shown by these patients. In the treatment this dependence is encouraged into activity. As this activity emerges, the analyst attempts to make the patient feel at home under its influence, leaving it to an appropriate future for the maturing patient to be brought by his self-assurance to look about him for something more to his liking and to sense spontaneously his growing affective independence of the analyst. That is exactly what happens in the case of a child whose dependent love needs have been adequately met.

For all practical purposes, it is somewhere in this state of affairs that the analysis really begins. Education, upbringing, socialization are to be made available to these affectively immature, necessarily self-centered, dependent individuals. They are now to learn things, that is, they are now to be analyzed. Since these patients already know a good deal of their unconscious it is the task of the analyst to help them to accept what they know, painful as it may be. This is the broad principle of approach to the problem of analyzing patients in the borderline group of neurosis. They are able to learn, that is they become analyzable, as their capacity for the transference (object love) relation to the analyst develops. In the course of treatment their capacity for object love relationships in their environment increases appreciably.

CONTRIBUTION TO THE STUDY OF AMNESIA AND ALLIED CONDITIONS

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Conditions such as those which will be described in this paper are referred to in the literature as 'exceptional states', 'fugue states', 'double personality', 'loss of personal identity', 'amnesia', etc. We do not try to make a sharp distinction between the various states which at any rate probably refer to different aspects of the same phenomenon. These illnesses are particularly frequent in the armed forces and are consequently of considerable importance at the present time.

The common feature of all our patients is that they underwent a state of changed consciousness, usually with a sharply demarcated onset and end. During this period they were amnesic for all the essential facts of their previous lives and on awakening from the episode they were usually amnesic for the content of the episode itself. This amnesia varied in degree from partial to complete.

Our report is based on the fact that in all our cases we were able, by various methods, to recover adequately the content of the amnesic episode. This type of amnesia distinguishes our cases from acute psychoses with loss of personal identity, and from those cases of depersonalization in which an awareness of personal identity is never lost although the quality of experiences in relation to the feeling of 'me-ness' is somewhat changed. One of our patients adopted a new identity; others just did not know who they were. This difference does not seem to be essential.

We speak of the fugue state as a phenomenon of temporarily changed consciousness during which an entirely different per-

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sonality appears which does not know anything of the previous one. Fugue states have usually been described as belonging symptomatically to the hysteric group, perhaps because of the fact that repression seems to play the most decisive part, just as it does in the case of typical hysteria. Sometimes, however, this type of fugue state has been placed in the epileptic group because of its similarity to the amnesia and memory loss after an epileptic attack. It has also frequently been described as belonging to the manic-depressive group as well as to depersonalization phenomena, particularly those found in hypochondriasis. Fugues have occasionally been known to occur in compulsive characters and schizophrenics.

This confusion is significant first because it indicates the varied phenomenological form of these states, second because it shows the relative ubiquity of the fugue state—it can be found in practically all psychiatric conditions under quite different diagnoses—and third because, although this condition has often been described dramatically and in detail, few real attempts have been made to understand it metapsychologically.

For our study, five patients with fugue-like states associated with amnesia were investigated by clinical, psychoanalytic and psychological experimental methods, including the use of sodium amytal. We attempted to study the precipitating events, the inception and content of the amnesic period, the total personality and the peculiar type of repression responsible for this kind of amnesia, and to give a better psychological description of the production of these strange phenomena.

Case One: The patient, a twenty-six-year-old housewife, the mother of two children, had been under psychoanalytic treatment first in Chicago for several months and later for ten more months in the East where she lived with her family prior to her admission to the Menninger Clinic. Her complaints, rather vague in nature, consisted of inability to complete a task, of lessened interest in her household and increasing vacillation. Both her analysts had diagnosed her as a 'hysteric' and had excluded schizophrenia. During the pre-

ceding three months she had had several episodes of confusion which were called 'twilight states', all of which were connected with the sexual approaches of men. The last state—which was a fugue and was the immediate cause of her referral to the Menninger Clinic—lasted for many hours in contrast to the previous ones of only several minutes' duration.

In her waking state she was amnesic for the happenings during the fugue state. After her memory of the fugue period had been recovered under sodium amytal, she was also able to recall some of it in the subsequent waking state. She had very vivid visual impressions of the episode when she recalled it and frequently said that it was like a bad dream or like watching a movie.

The patient and her husband had spent the evening at a party in the company of a mixed group. Some of the men there paid a good deal of attention to her and she wanted to stay on but her husband insisted that she go with him to attend a writing class which was held in a hotel. Although she had little interest in this writing class, she reluctantly went along. In the middle of the class she told her husband that she wanted to go to the bathroom but he asked her first to finish the story which she was writing. The patient obeyed. Then she asked him again whether she could leave and he said, 'You can go now'. This remark, which was taken by the patient as an order, marked the beginning of the amnesic episode. She explained that probably he meant to say, 'Go and be a good girl', or 'Go along and be a bad girl—enjoy yourself'. She was sure that this was what he really meant. On her way to the ladies' room she noticed a man in the lobby whom she had never seen before. He snapped his fingers. Taking his gesture as a command to go with him, she accompanied him to his room on the thirteenth floor of the hotel and spent the night with him there. She had sexual intercourse several times. During the night she became nauseated and vomited but went back to sleep. In the early morning hours she looked out of the window and noticed that she was in a strange environment but did not know what had happened

to her. She dressed immediately and returned to her husband, unable to give any explanation of her strange behavior other than that in the morning she had found herself in a hotel room with a stranger, remembering nothing since the time she had left her husband.

Under sodium amytal she was hypermnesic for the episode—she could repeat accurately every word that was spoken. The stranger thought that she must be a prostitute; he frequently asked her whether she went with men professionally. On the telephone he bragged to his friends that he had 'picked up a nice number'. She called herself 'Nancy', the name of a girl friend who had married a man for whom the patient had sexual desire. The stranger was somewhat puzzled because she spoke constantly about the weather. She explained this to us by stating that 'my husband who usually did all the thinking for me once said, "If somebody picks you up, talk about the weather" '. The patient explained that her husband's command, 'You can go now', was like hitting her on the head, and that at that moment she turned into a street-walker. Although she was angry at her husband before his seeming command, during the amnesic episode she had no strong feeling and absolutely no anxiety. She *was* Nancy. She addressed the stranger as 'Dr. B' who was her mother's analyst, and told him that all she ever wanted was a baby by him. Her feeling sick and vomiting was due to the fact that she believed she was going to have a baby. She felt extremely anxious when she woke up in the morning and had to fight a temptation to jump out of the window because she was completely confused and had no idea where she was or how she got there.

Several remarkable features should be noted: under sodium amytal we were able to recover completely an amnesic episode which was sharply demarcated and characterized by a complete lack of anxiety which emerged only at the moment of awakening. The episode started when her husband, with whom she was angry because he had frustrated her, made an insignificant remark which she took literally as a command and obeyed automatically. The whole amnesic episode was a clear living

out of a prostitution fantasy. The condemnation of this fantasy by the superego was completely suspended during the amnesic period and seems to have been replaced by the seemingly permissive command which her husband gave her. There was an actual change of personality: she turned into a street-walker while identifying herself with a girl whose husband she desired. The stranger represented her mother's analyst and in her fantasies the wish to have a child by the analyst was fulfilled and expressed symbolically in her vomiting spell. On admission the psychological personality tests indicated a schizophrenic picture with obsessionlike residuals from the previous preschizophrenic adjustment.

Case Two:[1] A twenty-nine-year-old man was admitted to the Menninger Clinic because he had lost recognition of himself and his environment, and seemed obsessed with the idea of finding a job. He had been employed at a small manufacturing company owned by his father-in-law. In childhood and adolescence he worked hard trying to fulfil the idea of 'independence' taught him by his father. Later he worked for the same concern that employed his father. Shortly thereafter he married and was soon induced, against his better judgment and his own father's wish, by his father-in-law, who lived in another part of the country, to work for him. He was chagrined to find himself in a minor, poorly paid position but was unable to declare his dissatisfaction. A growing family and poor 'budgetary sense' soon plunged him into debt. He was periodically extricated by his father-in-law at his wife's intervention, but with violence to his ideals of independence and manliness. On the week end before the onset of the amnesia, having fallen into serious financial difficulty, he drove with his family to the nearby city in which his father-in-law lived, with the intention of making another loan. He could not bring himself to ask for the money, and on Sunday afternoon he set out for home, his mission unfulfilled. He was

[1] This case was previously described by Gill and Rapaport in a paper, *A Case of Amnesia and Its Bearing on the Theory of Memory.*

preoccupied with thoughts of finding a new job so that he could make more money. It was then that a loss of personal identity began to set in, so that by the time he reached home he did not know who he was, did not recognize his wife or children, and spoke only of finding a new job. The next morning he was taken to his office but recognized no one. He was brought to the hospital that afternoon on the pretext that he was being taken to a new job.

For the first twenty-four hours in the hospital he falsified reality in terms of his belief that he was working: the physician was the boss, the rooms were offices, the noises were those of machinery, the other patients were other employees, etc.

On Tuesday evening he dozed off in a chair and awakened soon thereafter with a recovery of personal identity, called for his wife and children urging them to hurry to get ready for the trip back home. He thought it was four o'clock Sunday and that he was still in the house of his father-in-law. He was given orienting data, and the next day he remembered everything up to Sunday at four o'clock and retained all impressions occurring subsequent to Tuesday evening although he remembered nothing of the period between these times.

Thursday afternoon the story of Pygmalion was read to him and he repeated it. On Friday morning, while again reciting this story at the request of the examiner, he suddenly began to recall in consecutive fashion the experiences beginning with the preceding Sunday afternoon. At this time he recalled that on Sunday afternoon he had had suicidal thoughts. He remembered that shortly after leaving his father-in-law's home his wife had suggested that they turn back and that she talk to her father. He recalled with some difficulty that he believed he had found a remunerative job as superintendent of a factory.

In a certain sense this case shows a transition from somnambulism to a fugue state. The patient's behavior during the episode was so strange that it immediately attracted the attention of those in his environment and in the fugue itself the wish fulfilment was largely hallucinatory. The patient gave the clinical impression of being an extremely thorough and

conscientious person with a strong sense of responsibility. The psychological personality test reports state: 'While the Rorschach test yielded a characteristically hysterical protocol, the Szondi test emphasized the compulsive features of this personality and indicated a strong depressive coloring. The patient's dependent needs appear to be overwhelmingly strong and he appears to be in a struggle to fight these off.'

We will now try to reconstruct in brief the psychogenesis of this patient's illness. He found himself in a situation full of contradictions. His ideal of manliness compelled him to take care of his family but it also barred the method he chose at that time, namely, obtaining help from his father-in-law. Apparently the only way out was to find a new job and earn more money. The pressure of the reality situation had been more than he could stand because of his inner conflict between passivity and the feeling of responsibility. When his conscience could not allow him a way out by suicide (murder), the amnesic episode occurred. By means of this escape he became in his fantasy the superintendent of the factory. The period of loss of personal identity was in turn forgotten when personal identity was recovered.

Case Three: A forty-two-year-old lawyer was admitted to the Clinic after a strange 'automatic' state which had subsided and was followed by an acute manic attack. Several years before the patient had broken his foot and shortly afterward became fearful that he was losing his mind. He was going to leave home and not come back because he was 'through with life'. He was excited for a few days during which he did not talk to his wife and then gradually recovered. The whole episode lasted about six weeks. He remained completely well until the present illness. His work had increased greatly just before this illness. He did a great deal of charity work and had come to feel that he should devote more time to this than he could afford financially. On Friday, March 13th, he went reluctantly to a charity board meeting but could not remain because he felt sick. That same night he was unable to sleep. He took

a barbiturate tablet which seemed to stimulate him. He made some strange remarks, saying that something was going to happen although he could not tell his wife what it was. He told her 'not to let them take me away'. He worked off and on for the next few days but began to act strangely, was apathetic and indifferent and slept almost all day on the 18th and 19th. It was a strange sort of sleep, however, in that he did not move at all and answered questions in a stereotyped, 'automatic' manner.

The only unusual thing the wife noted during the trip to Topeka was that the patient showed her several checks for professional services received from his brother which he had refused to cash. They arrived in Topeka on the night of the 21st and slept in a hotel. The patient awakened about one o'clock in the morning, seemed not to know where he was and became quite confused.

On admission the patient was in a typical manic attack with euphoria, restlessness, hyperactivity, clang associations, etc. After about six hours he became rather subdued and remained so for a number of days; then he behaved normally. He admitted that he did not remember where he was going when he left home to come to Topeka although he remembered his arrival and what he did until he went to bed. He was completely amnesic for the events of the manic attack.

Under sodium amytal he remembered that during the manic attack he had spoken of his potency, said that he was at the hospital on a bet, and had spilled the medicine that was offered to him. He believed that he came to the hospital to deliver a lecture to the nurses. He thought that the medicine the nurse offered him was alcohol 'to loosen me up'. He did not remember that he came to the hospital at night, did not think that he was brought to the sanitarium in an ambulance, nor that he had been in Topeka during the attack.

The patient was a quiet, reserved man, neat in all his personal habits, who could not bear to leave things undone. He had had no sexual relations with his wife during recent years.

The results of the psychological tests given this patient fell

well within the range found in neurotics, although they showed an unusual retardation of psychomotor speed and an extremely primitive, compulsively rigid, basic concept formation. The diagnostic personality tests described a compulsive person whose life adjustment was characterized by a marked inhibition of every feeling and emotion.

Cases two and three showed many similarities in their behavior during the amnesic period. Both were very conscientious people who regardless of their hard work could not take care of their families properly because of their conflicts between active and passive needs. The man in Case two could not free himself from his father-in-law to find a better employer or start to work for himself. The man in Case three could not bring himself to do less charity work. In the amnesic phase both gratified their active wishes: the first became a superintendent, the other, instead of entering the hospital as a patient, believed that he came to deliver a lecture. However, even in the amnesic period their passive needs were still indicated. During the sodium amytal interviews, Case three felt that he acted 'like a person who is in need of attention'. He believed that the cause of his breakdown was his fear of not being able to give his wife what she needed and his guilt about doing too much charity work. He had attempted to reduce this but still felt extremely guilty about it. That some sexual ideas were involved was shown in his remarks about his potency and his ideas that the nurse tried 'to loosen me up'. It may be of interest that his first breakdown was connected with the fracture of his foot which leads one to speculate on the rôle of his castration fears.

Case Four: Mr. Z, a traveling salesman, was the middle-aged father of a fifteen-year-old boy who was under psychoanalytic treatment. He had asked for an interview with the analyst in order to relate a strange experience. A native of Vienna, he had been a victim of the Gestapo when the Nazis took people of Jewish extraction to serve as hostages after the assassination of a German official. Before he was sent to the concen-

tration camp of Dachau, he had been kept with several other men at a police station where they were treated relatively well. The first night at the station one of the imprisoned men developed a strangulated hernia. There was no doctor present and suddenly Mr. Z claimed that he was a doctor and offered to give medical aid. He replaced the hernia and even ordered the Gestapo man to go and get a cup of coffee for the sick man. Everybody called him *'Herr Doktor'*. He acted accordingly and attended to the physical ailments of the other prisoners. Even the Nazi doctor who visited frequently believed that he was a colleague and the two of them held 'medical conversations', even to the use of Latin terms.

According to Mr. Z, this went on for about two weeks when his case came up for trial, at which he was also addressed as *'Herr Doktor Z'*. At that moment he suddenly knew again that he was not a doctor; he described his surprise at being called *'Doktor'*, how he had stated emphatically that he was 'Mr.' Z, and how he feared that his punishment would be made more severe because he had put something over on the Gestapo. This did not happen, however. During his stay at Dachau he never felt that he was a doctor but was always aware of his real identity.

On questioning, Mr. Z said that this was the only occasion in which he had experienced a state of this kind. He remembered very clearly how he had actually believed that he was a doctor and how he had acted accordingly at the police station. He had manipulated the hernia without difficulty and his conduct convinced everybody that he was a medical man. He could not understand how this had been possible. On further questioning he denied that he had ever wanted to become a doctor, although as a young boy he had thought of becoming a veterinarian. Lack of funds forced him to go into business. He had had no friends or acquaintances who were doctors. There had been few illnesses in his family and little contact with doctors.

Because the son was in treatment it was not thought advisable for the analyst to spend more time with the father. One clue

may help us in speculating on the mechanisms underlying this fugue: the son recalled in his analysis that when the father punished him he put on a white apron saying, 'I am the doctor and I have come to beat you'. Thus Mr. Z actually harbored the fantasy of being a doctor, a fantasy which we may look upon as an œdipal fantasy kept in repression by castration fear. When he could no longer stand the anxiety aroused by the reality situation, that is, when his castration fear became almost reality, there was no need to repress it any longer and he escaped into a fugue state. In this situation there was also a considerable secondary gain in the fantasy, that of prestige: he could order the Gestapo men to get things for the patient and hold 'medical' discussions with the prison doctor. It is therefore understandable that when this secondary gain not only ceased but became a threat of more intense danger, he woke up.

Case Five: Miss A, a thirteen-year-old school girl, was brought to the Clinic because she ran away from home and had made several impulsive but serious suicidal attempts. (These episodes were precipitated by apparently minor frustrations or scoldings by her mother.) The running away was literally *running:* she would suddenly get up, burst out of the house, run much faster than she was normally able to, and fight vehemently against attempts to stop her. On one occasion it took four policemen to restrain her.

When, in her analysis, memories and dreams of 'things that I am not supposed to do' began to appear, she suddenly ran away. One memory approaching consciousness was that she and her older brother had indulged in sexual play. She also remembered that her mother spanked her when she was naughty. On these occasions she tried to run away from her mother who chased her until she caught her, then took her to the bathroom and spanked her there. When she ran away during the analysis she was found by the police in the negro district of the city. In her normal state she held negroes in fear and contempt.

Several months later in her analysis she brought out her envy of men and the things men can do. The evening after this discussion she playfully hid a pipe belonging to a young man. When he teased her about it on a walk she suddenly ran away from the group and went home. When she heard that others were searching for her she ran out of the house and as the flashlights of the searching party approached her, ran off the grounds. Describing this moment later, she said that she felt as if something suddenly came over her and that she did not know what she was doing. Running down a hill, she caught her neck on a clothesline. When she came to she ran on, was gone for twenty-two hours and returned home by herself.

The psychological test report before treatment was as follows: 'The Rorschach appears to be one of a case of compulsion neurosis with psychasthenic features. The Szondi test appears to be that of a neurotic characterized by extremely strong aggressions which are blocked off and thus are not easily available for manifestation. There are many forbidden oral tendencies and strong daydreaming is present. There is an unusual amount of narcissism for adolescence. Strong free-floating anxieties appear to be characteristic for this patient.'

Analysis indicated that the running away was an acting out of libidinal wishes; the negro district represented dirty sexuality. At a later stage of the analysis the running away referred to homosexual fantasies about her mother and the analyst. It was finally revealed that she had acted out the playing of sexual games with her brother, stealing her father's penis and having a sexual relationship with her mother. It was clear that the episodes of running away were not carried out in a normal state of consciousness but in one dominated by these fantasies, condensed in the single thought: 'Run, run!'.

After one and a half years of analysis the psychological tests stated: 'The deadlock of extreme inhibitions yielding a blocking-like picture previously appears to be broken now and the whole protocol has a definitely hysterical-like picture. The traces of the previous compulsive characteristics are, however,

still marked. Marked in the Szondi test is the change in the previously overtly narcissistic character.'

In several of our cases we were able to demonstrate clearly that unconscious fantasies were lived out in the amnesic state: the woman described in Case one acted as if she were a prostitute; the man in Case two had in fantasy found a good job as superintendent of a big factory; the man in Case three was to deliver a lecture; the man in Case four acted like a doctor and the girl in Case five lived out several fantasies. Many cases reported in the literature can be interpreted in the same way. Jones, in describing a case of autopsychic amnesia, demonstrates the wish fantasy clearly, as do Harriman and others. Therefore, we have reason to assume that the amnesic episode fulfils an economic function. This has been generally suspected by many investigators and comes out particularly clearly in the belief of some older psychiatrists who deny the existence of such states of changed consciousness and ascribe them to pure simulation. They believed that these states represented a conscious attempt to escape responsibility for an act or a projected act, much like the criminal who runs away from his customary environment to live in a strange town under an assumed name. We now know that genuine fugues such as those of our patients do occur, though in the individual instance it might be extremely difficult to distinguish them from feigned illness. However, the fact remains that the individual does get some gain out of his amnesic experience. It is a meaningful symptom the economic function of which we should be able to explain by means of depth psychology.

The similarity of these states to the disguised wish fulfilment of dreams is most striking. In fugues the mode of onset and of awakening is in many cases completely identical with that of sleep. Furthermore, the patients themselves, when they have recovered their memory of the amnesic period, describe their experience as dreamlike, as in Case one. Wish fulfilment which is prevented in ordinary life by strict censorship of the superego is obtained in dreams in a comparatively innocent

form because there is no participation of the motor apparatus; the changes produced are purely autopsychic ones taking place within the person. Since there are no reality consequences, the ego of the dreaming person can with some degree of justification refuse any responsibility for what he has dreamed. Forbidden wishes are also fulfilled in the fugue but by means of a flight into a state where wish fulfilment is not hallucinated but is actually lived, though only under the condition that the person lose his identity, either forgetting what he previously was or assuming a new and different identity. It must be supposed that in the production of fugue states the superego function is changed in a way which is similar to, but by no means identical with, the relaxation of the superego censorship in dreams.

Wish fulfilment in dreams can only be understood by means of interpretation because it is disguised by the dream work and later by secondary elaboration. Fugue states represent the wish-fulfilling tendencies in a similarly disguised manner. In our two analyzed cases, those of the girl with the prostitution fantasy and the girl who ran away, we were able to demonstrate that the fugue state was a gratification of previously repressed id strivings successfully lived out with the help of perfectly coördinated motor action. This proves the retention of some degree of ego functioning. Behind the secondary, seemingly reasonable and rational processes, the primary processes remain dominant as in dreams, mainly through the mechanism of condensation. This can be seen most clearly in Case two where all instinctual strivings were condensed into a single idea, 'to get a new job', or in Case five into 'run, run'. It seems that at least in some fugue states the world is reduced to a single meaning and all happenings are interpreted accordingly. All the strivings present in ordinary life are condensed into one and everything else is excluded.

In itself the amnesic episode could be considered psychotic because the ego has lost one of its most important integrative functions, that of maintaining the sense of position in time and space, the feeling of personal continuity, of sameness, and of 'me-ness'. The core of the ego, the consciousness of itself

as being distinct from the outside world and everybody else, has been temporarily given up. It is all the more surprising, therefore, that a high degree of actual reality testing seems to be retained as evidenced by the fact that wishes are put into action, not simply hallucinated, and that a number of highly coördinated and complicated actions are carried out in an impeccable manner, as for example those of the man who played his rôle as a doctor in a Gestapo prison for two weeks without being detected, or those of a man, described by Karl Menninger, who lived in a fugue for two years, as well as those of innumerable cases cited in the literature. There is no obvious disturbance of purposeful activity such as occurs, for instance, in frank psychosis or confusional states. This accounts for the fact that these patients remain undetected over a long period of time, in contrast to sleepwalkers who are usually noticed because of their strange behavior. Still, sleepwalking is not sharply differentiated from fugue states. There is a striking similarity in the psychological makeup of persons who develop fugues and of sleepwalkers. The psychological mechanism and the economic meaning of sleepwalking is probably the same as that in fugues, only the degree of ego participation is different.

If we assume that a wish which has been kept in repression breaks through into consciousness, we must account for those forces which are responsible for the repression. The ego keeps tendencies unacceptable to the superego under repression by the expenditure of countercathexis. The superego's threat creates anxiety by means of which it forces the ego to fulfil its demands. Most authors, in describing fugues, claim that at the onset there is almost invariably a highly threatening outside situation by which the fugue state is precipitated.

It appears that if the anxiety originating from an outside situation equals or outweighs the anxiety which the superego is able to create in the ego, the latter is ignored by the ego. Fear of the Gestapo in Case four fulfilled the same rôle as the fear of the superego. The fear of the superego having been outweighed by, and projected onto, a fear originating externally, the previously forbidden fantasy came to conscious-

ness. In fugues, normal superego function is paralyzed and eliminated and the fantasy breaks through. More than that, the fantasy when seizing consciousness becomes its exclusive content, in turn repressing the entire previous conscious content, including the sense of personal identity. This mechanism is similar in effect to that in melancholia in which the superego seizes consciousness and relentlessly punishes the ego, a process which also produces a feeling of unreality. In any case, an entirely new intrapsychic equilibrium is established, making possible wholesale repression of the previously conscious ego content and of the superego threats. This explains the complete absence of anxiety during the fugue state.

Repression is an ego function. Since repression takes place in fugue states while some parts of the ego are lost, it is clear that the ego has in some way been split. This split is possible only according to certain patterns, much like a crystal which can be divided only in certain directions. It seems that each part of the ego retains its integrative synthetic function and acts as a whole. A new personality can be formed around that part of the ego surviving repression, and the id wishes—which follow the pleasure principle—must still conform to some sort of ego organization, though this may differ from the previous one.

Repressed wishes by virtue of their cathexis tend to emerge into consciousness. The problem of how the paralysis or elimination of the normal superego function—which makes this emergence possible—comes about, needs explanation.

The superego is the incorporated, internal representative of former parental reality threats. It seems that in some cases at least (and possibly in all) the fugue state is brought about by a reversal of the process by which the superego was originally created. The superego or parts of it seem to be placed again into the outside world and some outside authority takes on the functions of the superego for the duration of the amnesia.[2]

[2] It is interesting to compare this process to that found in alcoholic amnesia. The superego was once called 'that part of the personality which is soluble in alcohol'. Alcohol has some unknown pharmacological effect that permits expression of usually inhibited wishes, and significantly enough, later on there

Alexander has convincingly demonstrated the existence of what he calls a secret alliance between the superego and the id in compulsion neurosis. While the overstrict and extremely sadistic superego of the compulsion neurotic seems to force the ego to comply in a ritualistic fashion with its exaggerated demands, this morality is insincere. Behind the screen of formalistic obedience the id wishes are gratified in the compulsive symptoms themselves.

A very clear example of this point is the classical case of Mary Reynolds described by Mitchell in 1888. This girl, a very sedate, reserved, withdrawn person, occasionally had states in which she was gay, reckless, completely uninhibited, without fear and full of malice. In the normal state there was amnesia for these fugues. In the fugues she was completely uncontrollable except that she would obey the commands of one person, her doctor. She complied with his orders in a strictly literal way which impressed the observer like a caricature (just as the compulsive neurotic fulfils the demands of his senselessly strict superego). For example, to prevent her from leaving the house the doctor told her 'Do not visit the neighbors!'. She went, nevertheless, to the neighbors' house, though she did not enter and only talked to them through the window. Our patients followed some seemingly socially acceptable demands in a similar manner: the man in Case two had to go out and find a job; the woman in Case one was told to go away by her husband. The man in the Gestapo prison became a doctor because medical help seemed to him to be required at the moment. It is this very compliance with the ego-acceptable demands of the outside world in which the superego function has been temporarily vested, which makes the fugue state and the gratification of the forbidden wishes possible.

The economic meaning of every neurosis lies in freeing the ego from anxiety. If a real neurotic equilibrium is to be

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is amnesia for this period of reduced superego function. What in alcoholic amnesia is caused by pharmacodynamic changes, and in organic amnesia by anatomical changes, seems to be produced in the amnesia of fugues by purely psychological mechanisms.

established it must be possible for the ego to disclaim responsibility for what is going on. In successful conversion hysteria there is no anxiety because the entire psychic conflict has been repressed and transformed into a physical symptom; the ego can claim that it does not know anything of this conversion and consistently maintains the theory that the trouble is of a purely organic nature. However, if this repression is not completely successful, anxiety arises which is to a large extent superego anxiety. This anxiety, like the symptoms in compulsion neurosis, is the punishment the superego metes out whenever the ego cannot convince it that it is really not to blame.

In the fugue state this cardinal economic problem of the neurosis is solved in a more dramatic manner than in the ordinary neurosis. One part of the ego is split off and represses the entire former content of the conscious ego. At the same time the internalized superego is projected—with all its self-observatory and ego-critical functions—onto the outside world and therefore forbidden fantasies can be lived out in the fugue state with impunity. This is seen in Case one where the patient takes the statement of her husband, 'You can go now', as a permission to do what she wants. After awakening, the superego forces the ego to repress again not only the fantasy but also the memory of its own escapade, which accounts for the subsequent amnesia. We believe that there is a similarity between the mechanism of isolation in compulsion neuroses and the splitting off of parts of the ego in fugue states.

The extreme alteration found in the fugue happens to a lesser extent in every neurotic symptom formation in which there is also a repression of a part of the ego which becomes ego-alien. Only in severe cases of psychosis does the ego lose its mediating synthesizing functions and we have seen that the production of a fugue state is then no longer possible.

At some stage of the infantile development when the ego's capabilities for reality testing are still weak, everything which permits primitive instinctual gratification is considered part of the ego while everything painful is projected and treated

as if it were part of the outside world. It is therefore not surprising that the hostile, punishing superego, which originally came from the outside world and is a result of the process of introjection, is again projected onto some outside factors which in the literal sense seem to meet its requirements. The function of the superego, however, is not purely a restrictive or punitive one. It also rewards the ego by love if the ego complies with its wishes; this is the most important source of what is called 'secondary narcissism'. It should not be forgotten that the superego is an offspring of the ego which still draws its energies from the id. It operates dynamically with the same energies which the object relationship had before introjection. According to an apt comparison by Alexander, these energies originally coming from the id, but now used to repress id wishes, are similar to a police force that is recruited from the same group against which it is now using its restrictive authority. This police force is sworn to one person. If this person disappears by changing his identity the police force disbands. This is comparable to the breaking through of a repressed fantasy and its seizing of consciousness as soon as the personality loses its identity, when the superego is placed in the outside world and so permits the fantasy to be satisfied under a different ego organization. This radical solution of neurotic conflicts by a splitting off and repressing what formerly was the core of the ego, namely the sense of personal identity, obviously is possible only when the ego of the patient is comparatively weak to start with.

The lack of ego cohesiveness in fugues far exceeds that usually seen in neuroses, though the ego retains more of its reality testing functions than in the frank psychoses. Therefore, one could consider a fugue state as transitional between 'neurosis' and 'psychosis', as was actually the case with our first patient. Originally diagnosed by several doctors as a clear-cut hysteria, she developed a fugue state and finally frank schizophrenia. One could speak of this fugue as a last desperate attempt to escape, to ward off a psychosis by the production of a transient, semi-psychotic state.

The rarity of fugue states is probably our greatest single problem. Compared to the omnipresence of repression in the normal and particularly in the neurotic, it is hard to understand why this means—economically so effective—of escaping outside threats by losing personal identity should not be resorted to more often. It seems that the ego clings desperately to the superego under almost all conditions. Imre Hermann finds that the basis of the relationship between ego and superego is their being interlocked with each other; they cling to each other in what is called the 'clinging reflex' *(Anklammerungsreflex)*. Clinical evidence seems to show that it is actually impossible to get rid of the superego completely, once it is established, without also losing one's ego which is dependent upon the superego for a tremendous amount of narcissistic libido. The ego takes extreme punishment from the superego rather than subject itself to the danger of being abandoned by its introjected parents and reduced to the state of absolute infantile helplessness which it so greatly fears. In other words, the superego is the source of secondary narcissism which the ego will not forego even under great stress. It seems that the sense of personal identity is to some extent dependent on the evaluating, critical and ego-observing functions of the superego. At the same time the primary narcissistic libido clings tenaciously to its original investment, its love object, the ego itself.

Nevertheless, it is possible that persons who have had a predilection for the mechanism of isolation, as in the compulsive personality, may under special conditions develop a fugue state. These conditions are characteristically often connected with frustrations and disappointment by authoritative figures, or with situations which give the individual a sense of utter helplessness. It is almost as if the individual in anger throws off the internal representative of his parent figures. This seems to be the starting point of the mechanism which then automatically takes place. The ego of the person seems to act according to the reasoning: 'If you parents do not love me any more, disappoint me to such an extent, or leave

me alone and helpless in this situation, I do not want to be your child any more and therefore I can do what I really want to'. Yet some concession to the former superego authority is made by displacing its function to some still acceptable outside factor, which however actually makes the wish gratification possible. The fugue state is therefore a partial suicide: the person's identity is given up, the superego is eliminated and appears to be placed onto the outside world. Fugue states are possible only under extraordinary circumstances in patients with a seriously weakened but still fairly intact ego and with a predilection for the mechanism of isolation, as in compulsion neuroses. The psychological tests in all our patients showed a predominance of compulsive features and there is good reason to suppose that many cases described in the literature under different diagnoses had a similar personality structure (Sally Beauchamp of Prince, Polly of Goddard, Mary Reynolds of Mitchell, et al.).

SUMMARY

Fugue states can come about only if the reality anxiety equals or outweighs the superego anxiety or if the outwardly projected superego is very permissive. The elimination of the superego sets free the countercathexis that maintained the repression and the formerly repressed fantasy then seizes control of consciousness under a different form of ego organization. The previously conscious part of the ego and the superego is now repressed by the split-off part of the ego. The former state of affairs is usually reëstablished when the outside situation has lost its importance and the function of the fugue state is fulfilled.

The superego in fugue states behaves in a manner similar to that in compulsion neurotics. This similarity is stressed by the predominance of compulsive traits found in the psychological tests of all our patients.

The authors feel that many features of their theories are speculative in nature. Much has been suggested by the material studied which could not be proved decisively. Nevertheless the points demonstrated appear important.

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LAUGHTER IN DREAMS

BY MARTIN GROTJAHN, CAPTAIN, M. C., A. U. S.

In a discussion among psychoanalysts it was stated that people rarely laugh in their sleep. No member of the group could recall the dream of a patient in which laughter occurred. This seems strange in that other emotions (fear, anger, sorrow) are frequently expressed in dreams. It is possible that laughter, unlike any other emotion, is a social form of emotional expression. A person who cries wants to be alone. A person usually laughs when he is in company, seldom when he is alone.

Over a period of time it was possible to collect a few examples of laughter in dreams. These observations illustrated the psychodynamics both of laughter and of dreams, and gave insight into the rôle of the ego in both.

In the psychoanalytic literature Freud,[1] quoting Ferenczi,[2] reported one 'laughing dream' of an elderly gentleman, awakened by his wife who grew anxious because of his loud and continued laughter while asleep, and he recalled the following dream.

> 'I was lying in bed. An acquaintance of mine came in and I tried to turn the lights on. I tried it again and again without being able to do it. My wife left her bed to help me but she was self-conscious because of her negligee. She too gave up and went back to bed. All this was so amusing that I had to laugh terribly.'

Freud used this dream to illustrate the distortion of an emotion and the transformation into its opposite. The old man was actually thinking of his arteriosclerosis, his impotence, his old age and approaching death. The dream work turned his anxiety, grief and depression into laughter. The 'light of life' which forms the central motive of the dream cannot be turned

1 Freud: *Ergänzungen zur Traumdeutung.* Ges. Schr., III, p. 137.
2 Ferenczi, Sándor: Int. Ztschr. f. Psa., IV, 1916.

on again, a probably correct, if incomplete interpretation. It is confirmed by the fact that depressed patients frequently have pleasant dreams, afterwards complaining about them as highly disturbing, as if the dream sought to make fun of the depression. Freud did not emphasize the expression of hostility in the laughter of this dreamer who laughs in the face of death. The conversion of passive suffering into active aggressive laughter is successful dream work. This dream is the prototype of the comical situation: a weak, old man threatened by death and impotence enjoys a triumph by means of narcissistic wish fulfilment.[3]

A married man of thirty-two, in an analysis because of a mild obsessive and depressive character neurosis, reported the following dream.

> 'I went with my wife, my friend and his wife to the theater. After the performance I get my hat back, but it is changed in a funny way. It is a big ten-gallon hat, extremely funny looking, soft and wrinkled. I laugh and laugh. My friend and his wife find it very amusing too. But my wife regrets the end of the once-so-good-looking hat.'

In telling the dream the patient is keenly aware of the discrepancy between the intensity of his amusement and the silliness of the whole idea.

The patient's first association contained the entire interpretation. It was a joke he remembered, told him the evening preceding the dream.

> 'Two friends, both drunk, come home and see two girls walking on the other side of the street. One friend says: "There goes my wife with my mistress". The other says: "You took the words right out of my mouth".'

Further associations gave the transition from joke to dream, and demonstrated clearly that the two were almost identical. The dreamer at that time was entertaining certain fantasies

[3] Grotjahn, Martin: *Ferdinand the Bull.* Amer. Imago, I, 1940.

about his friend's wife. The real reason for his laughter was as well hidden in the dream as it was in the joke. One laughs about the story of the two friends each of whom betrays his secret and attacks the other without realizing at first what he is saying. This fact is not immediately apparent. If it were, it would be an obscenity and not a witticism. It becomes obvious only through unconscious elaboration, an unconscious understanding. Only after interpreting the intention of the wit does the listener laugh. The true reason for the dreamer's laughter is as well hidden. His unconscious during sleep performs a task of interpretation similar to that of the unconscious of the listener to the story. Neither the dreamer nor his friends laugh about the hat, no matter how funny it may look. They are amused by the thing the funny hat stands for. In the dream picture and in the disguised wish fulfilment of the dreamer's fantasy the friend's wife enjoys the dreamer's potency which his own wife for reasons of her own seems to depreciate.

A young soldier awakens with loud laughter and tells the following dream.

> 'I was standing on the front part of a ferry—or an assault boat. I wanted to go back to my office where I was working before the war, but it was under water. I had to break the ice to get at it and I could not do it. My friend Morgan tried to help me but I pushed him into the icy water. It was not dangerous but he was mad as hell. I laughed and laughed. He tried to hit me and I had to run because I could not fight from laughing.'

This dream is a nice illustration of the thesis of this paper that laughter in dreams follows the same psychodynamic rules as in waking life and as described and analyzed by Freud[4] in Wit and Its Relation to the Unconscious. There it is stated that laughter occurs when energy is saved. In the case of wit, aggressive energy is freed. At first aggression is activated

[4] Freud: *Wit and Its Relation to the Unconscious.* Included in *The Basic Writings of Sigmund Freud.* New York: The Modern Library, 1938.

in both the witticism and the dream. An effort to repress the aggression succeeds in disguising it and giving it a socially acceptable form; therefore, the energy for repression is no longer needed and may be laughed off. Behind the scenes the unconscious is aware of the hidden aggression; otherwise the whole thing would be no fun. In sleep the level of ego functioning is lowered. Dream censorship is strong enough to disguise the intended aggression, but not as strong as it is in waking life. The aggression of this young soldier against his friend Morgan was very strong. In an infantile naïve way the soldier pushes his helpful friend into the water, plays a practical and dangerous joke on him. Analysis shows that the soldier resents very much the fact that Morgan not only is not in the armed services, but also teases his soldier friend about his voluntary enlistment. In the dream the soldier kills him by pushing him into cold water and, moreover, under an assault boat. Because it is disguised in the dream the murder can be enjoyed to the fullest extent.

A highly gifted, artistic, somewhat schizoid woman of thirty-one reports the following strange dream.

> 'I met two men who were laughing and laughing. I asked them why they were laughing. One turned to me and said, "I have no face!" I looked at him—and sure enough—he didn't have one. He had a kind of hooded face, as if a stocking were pulled over it. He thought it amusing. I am horrified to think of it now. The other man said, "I have the largest family in the world!" I asked him, "How come?". He pulled group pictures out of his pockets and showed them to me. "Here is a bunch of fifteen kids of mine, here a bunch of twenty," and he pulled out more and more.'

The character and strangeness in this dream results probably from the contrast of laughter while dreaming, and horror in reporting the dream. The man who has 'lost his face' is depreciated, is a nobody, or, in terms of the unconscious, is a castrated person. He is thus ridiculous, like jokes about a man with impaired potency. Losing one's face is as uncanny as losing one's own shadow, to say the least. It was especially

uncanny to this patient for whom the loss of the self was far less a theoretical possibility than a potential reality. She had a justifiable fear of becoming psychotic. That she represents the man as laughing is very important to this dreamer because the man in this way shows that he does not suffer from his disfigurement, thus reducing the guilt feeling of the dreamer. In this manner the dream work makes certain that the hostility expressed in the loss of the face is successfully disguised. There is, however, a hidden joke in the dream. Actually the man did *not* lose his face: he is masked. The mask also serves to conceal the identity of the man. Who he is is revealed in the second part of the dream. The second man, who by his laughing reveals his identity with the man without a face, is a father figure, and a father with some special merits: he has the biggest family in the world. In terms of the patient's life history this is really a good joke. According to her, her father had more of a family than was good either for himself or for the patient. This painful fact is exaggerated in the dream to an absurd extreme and by such distortion made acceptable as a joke. The disguise, however, is successful only in sleep during which the censorship is on a lower level than in waking life, for in relating the dream the connection with the true unconscious motivation is too keenly felt to be funny and a feeling of uncanniness predominates.

The next variation of the laughing dream is so obvious in its motivation that it may be illustrated by one short example. A married woman of twenty-six, mother of one child, in analysis because of marital difficulties which were the expression of a character neurosis, had the following dream.

> 'I came to your office and you were very drunk and silly. You made fun of me and everything I said made you laugh harder. I got very angry.'

In this dream the emphasis is on the transference. Undisguised, the action takes place between dreamer and analyst. There is hardly any symbolism involved, drunkenness standing as an almost unsymbolic representation of what the patient thinks about her analyst. The patient at that period of her

analysis feared she might get along too well with her analyst. The dream anticipates the day when she would talk about her 'silly' feelings toward the analyst and probably would be laughed at and humiliated. Realizing this she gets very mad and awakens. Such undisguised transference dreams usually occur in the first part of analysis before the patient develops enough confidence in himself and his analyst to discuss his positive feeling towards the analyst as frankly as other kinds of emotions.

To summarize, laughter does appear in dreams and its psychodynamics are the same as in waking life. As Freud described it, when laughter occurs energy is saved. In the case of wit, aggression is freed from repression; humor releases emotion; in the case of the comic, thought. This release of repressed energy is possible by the formulation of the joke which makes repression unnecessary, and the aggression emerges in a form acceptable to the superego by disguising the hostile motive. A witticism is judged as 'good' or 'bad' solely according to the form in which it is delivered. If disguise is not successfully formulated, the double-edged character of wit becomes evident and the reaction of the listener changes instantly from pleasure to disgust.

Theodor Reik [5] illustrated in numerous of his contributions to the psychoanalysis of humor that the release of pent up energy must be sudden; it must be somewhat in the form of a shock which is the sudden recognition or rediscovery of an infantile anxiety. The surprise of laughter is the rediscovery of an old but never forgotten infantile pleasure: aggression against adults, authority, logic, law and order.

When Theodor Reik read Freud's Interpretation of Dreams he laughed about the dream interpretations as if he were reading jokes, and this may be repeatedly observed in seminars on dreams given to students of psychoanalysis. It led Freud to apply the psychodynamics of dream interpretation to the

[5] Reik, Theodor: *Surprise and the Psychoanalyst.* New York: E. P. Dutton & Co., 1937.

psychology of wit. The similarities between dreams and wit are manifold (censorship, primary process, secondary elaboration, etc.), but especially similar are their psychic economic values: the dream is essentially the fulfilment of varied wishes; wit is essentially the fulfilment of an aggressive wish. It does not seem to make much difference whether the aggression is released in the form of a witticism in waking life, or in the form of a dream during sleep.

The fact that laughter occurs relatively seldom in dreams despite its similarities to wit may be explained by the highly asocial, individualistic nature of the dream, and the sociable nature of laughter. Aggressive tendencies are repudiated by the ego, repressed, put through a process of secondary elaboration and disguise before they are acceptable to the ego and readmitted into consciousness. The ego senses with sudden surprise the true meaning of wit but freed from the necessity of exerting a repressive effort, the energy so released is vented in laughter.

In sleep the weakened ego functions like an airplane with set automatic controls; the dream censorship takes over a part of the piloting function of the ego. The reality testing function of the ego not being needed, all that has to be accomplished is the continuation of an undisturbed sleep. The disguise of disturbing id tendencies is accomplished by symbolism; there is no ego to laugh about the disguise.

In certain stages of awakening it may be that certain parts of the ego are functioning while others are still 'sleeping'. During the moments of awakening, the ego is redintegrated.[6] Laughter in dreams constitutes such partial awakening. Intrapsychic perception — an important ego function — partially restored, the ego recognizes the hidden meaning of the dream disguise, and the condition under which laughter arises obtains. As in the states of alcoholic intoxication, the ego is tolerant and may laugh about things which the fully functioning ego would not consider too amusing.

[6] Grotjahn, Martin and French, Thomas M.: *Akinesia After Ventriculography*. This QUARTERLY, VII, 1938, pp. 319–328.

A PHILOLOGICAL NOTE ON SEX ORGAN NOMENCLATURE

BY LEO KANNER, M.D. (BALTIMORE)

Dr. Blau *(1)*, in a recent article published in the PSYCHOANALYTIC QUARTERLY, expressed surprise 'that, except for scientific terminology, there seems to be no vernacular, slang or obscene word in the English or American language' to designate the clitoris. He reported, as a result of inquiries, a similar linguistic deficiency in French, German, Spanish, Russian, Hungarian, Polish, Armenian, Turkish, Hebrew, Italian and Arabic.

On the whole, it is possible to agree with Dr. Blau. The search in large dictionaries and personal inquiries even among sexologists prove to be singularly fruitless with regard to popular, nonscientific terms for the clitoris. Nevertheless, a more exhaustive philological study brings forth evidences of the existence of many designations not usually recorded in the more easily accessible sources of information. Even at that, I believe that Dr. Blau's premise is still valid, in the sense that popular names of the organ do not seem to be current among many people who can easily produce slang names for other sex organs, both male and female.

The following items are therefore contributed not for the sake of argument but mainly with the purpose of supplementing the data contained in Dr. Blau's article. Since the question of the nomenclature of the clitoris has been raised, it seems worth-while to have a more complete compilation. I have, therefore, given my attention to both 'scientific' and lay designations and was surprised at the relative multitude of such terms.

The word clitoris itself is of Greek origin. Its etymologic derivation is uncertain. Κλειτορίς is said to stem from κλείειν, to shut. It has been registered, together with the verb κλειτοριάζω (touch the clitoris), by Pollux Archæologus (second

century) *(2)*, Hesychius Lexicographus of Alexandria (fifth century?) *(3)*, and Suidas (tenth century?) *(4)*. Both Pollux and Suidas have been made responsible by later writers for inventing the term. If either did, then the credit must naturally go to Pollux as the much earlier author. But it is hardly to be expected that lexicographers go about making up the words which they enter in their lists. It is much more probable that the noun as well as the verb was part of the common Greek vocabulary in the days of and before Pollux.

The Greeks, in fact, not only 'had a word for it', but also had a number of synonyms: *νύμφη*, *μύρτον*, and *ὑποδορίς* (for *ὑποδερμίς*). They were all reported by Pollux. *Νύμφη* is the term employed by Galen. It has been adopted by a number of Latin writers. Thus, Plazzonus *(5)* said in 1664: *'Ab aliquibus nympha vocatur'*. Schurig *(6)* stated: *'Veteris anatomicis nymphae nomine cognita'*. According to Ellis *(7)*, Galen and Soranus called it (the clitoris) *νύμφη* 'because it is covered as a bride is veiled'. The etymology may be correct, but it is obvious that Galen and Soranus did not 'call it' so; they found the term in usage and adopted it. The same is true of *μύρτον* (the myrtleberry), which has hardly been 'invented' one day by a scientific writer's imagination.

Hesychius *(3)* defined *κλειτορίς* as *τοῦ γυναικοίου αἰδοίου ἡ ὑποδορίς*. Earlier, Pollux *(2)* had mentioned *ἐπίδερρις* as a synonym for *κλειτορίς*.

Schurig *(8)*, in 1729, recorded not less than fifteen different Latin names for the clitoris:

1. *Columella,* the little pillar
2. *Virga,* the twig
3. *Virga muliebris*
4. *Œstrum Veneris* (*œstrum* = frenzy, furor, libido)
5. *Contemptum virorum*
6. *Mania*
7. *Dulcedo amoris*
8. *Sedes delectationis*
9. *Tentigo* (from *tendo,* 'from its power of entering into erection')

10. *Libidinis sedes ac irritamentum*
11. *Mentula* (= penis)
12. *Uvula*
13. *Cauda*
14. *Symptoma turpetudinis*
15. *Nympha*

It is clear that *nympha* was taken over from the Greek. It is equally clear that most of the other terms do not represent popular expressions but are special names coined for the organ by 'scientists' who cannot be possibly suspected of having any truck with the kind of people who would discuss sex anatomy outside a medical lecture hall. In fact, Realdus Columbus of Cremona *(9)*, who in 1559 (Havelock Ellis, mistakenly, says 1593) ascribed to himself the honor of discovering the clitoris for the first time, took it upon himself to suggest a name for the structure which he believed had not been observed by anyone before him. Proudly he wrote: *'Hos igitur processus, atque eorundem usum cum nemo hactenus animadvertit, si nomina rebus a me inventis imponere licet, amor Veneris, vel dulcedo* [see Schurig No. 7] *appelletur.'*

Dr. Blau gives the impression that popular slang has no names for the clitoris, that all terms encountered in classical literature have been coined especially by physicians or lexicographers, and that therefore particular significance should be attached to the paucity of popular designations. The assumption that 'vulgar' terms might have existed but been inaccessible to the learned anatomists, can not be proved. *'Kitzler'* seems to be the only such word that has found entry into respectable dictionaries, except for its Germanic equivalents, such as Dutch *kittelaar,* Swedish *kittlaren,* and Danish *kildrer.* Most dictionaries and glossaries of American and English slang and dialects steer prudishly clear of any reference to voluptuous jargon.

There is, however, one important source which definitely refutes the assumption that folk diction has neglected the clitoris. This source is Anthropophyteia, edited by F. L. Krauss of Vienna and published in Leipzig. This combination of a journal and collection of monographs pertaining to sex-

ology contains a number of *'Idiotica'* (records of idiomatic expressions) from various parts of Europe. In these *Idiotica,* the clitoris is by no means omitted. One finds there a variety of designations which have nothing to do with 'scientific' terminology and have their origin undoubtedly in folk coinage.

From Italy, Corso *(10)* records the term *allegria* (gladness, gaiety) as part of the Camorra jargon, *brimborion, ribrenzuolo,* and *purèt. Allegria* is certainly reminiscent of the learned physicians' terms *dulcedo* and *sedes delectationis. Ribrenzuolo* is very probably derived from *ribrezzare* and means 'the seat of shivers'.

From Czechoslovakia, Kostial *(11)* reports *poštivaček* (the little thriller). Modern dictionaries of the Bohemian language *(12)* explain *poštêvaček* as 1. clitoris; 2. instigator, inciter, stirrer up, abetter.

From Central Prussia, Berliner *(13)* cites *Schniepe* as used by peasants. (Grimm's Dictionary defines *Schniepe* as a narrow strip.)

Der Jud seems to be a common name for the clitoris in different parts of the German-speaking sections of Central Europe. Kostial *(14)* heard it used in Styria. Reiskel *(15, 16)* found it in Berlin, where he also met the expression *Jude Kohn,* and in Vienna, where *Am Jud'n spiel'n* and *Den Jud'n stemma* was used to mean *'fellare vel irrumare clitorem'.*

In Westphalia, Schnaber *(17)* overheard the name *Kujon* (bad fellow).

According to Krauss *(18),* folk humor of the Dalmatian Slavs applies the name *sjekilj,* or tickler (equivalent of *Kitzler)* to several mountains in allusion to the hardship of climbing: 'You go up the tickler and down the tickler; these are real mountains of hard labor'.

In Alsace, according to 'W. G.' *(19),* a girl who has a large clitoris is referred to as *Kapuner* (capon).

Anthropophyteia has only few references to places outside of Europe. However, Bieber *(20)* registers *ginter* ('the tickler') as a common Abyssinian name for the clitoris.

According to Ellis *(21),* the Arabs not only seem to have been

very familiar with the clitoris but also had various names for it, which indicate that they 'clearly understood the important part it plays in generating voluptuous emotion'.

There are no references to the organ in the Bible and the Talmud *(22)*. Modern Hebrew has a few expressions which are not popular but have been coined for the purpose of anatomical description and teaching. *Dagd'gan* is a direct translation of tickler; *'Hamdan* means pleasure or gem; *'Hebyonit* means place of secrecy *(23)*.

It is of particular interest that in *De Fluviis* by 'Pseudo-Plutarch' *(24)* the word clitoris is employed in the literal meaning of 'gem'.

I hardly believe that this compilation is fully exhaustive. But it does show two things:

1. Popular names for the clitoris do exist, though not in abundance, still presenting a considerable variety of terms. These terms would seem to lend themselves to interesting studies from the points of view of etymology, philology, sexology, and psychoanalytic consideration.

2. Nevertheless, Dr. Blau is right in his main thesis that inquiries among the more commonly available sources do not yield the impression that slang terms for the clitoris are as frequent or as well known as those for other sex organs.

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IN MEMORIAM

Albert Joseph Storfer

1888–1944

A. J. Storfer belonged to the first generation of Freud's collaborators, although he himself never practised psychoanalysis. Like many others of the master's disciples he came to Vienna from Zurich, Switzerland. He was not yet twenty when the psychology of the unconscious became an emotional experience for him. As early as 1911 he published a study called On The Exceptional Position of Parricide, 'a historicolegal and comparative psychological study', and in 1914 Mary's Virginal Motherhood, 'a psychological fragment on sex symbolism'.

Storfer's later activity in Vienna is well known. He was head of the *Internationaler Psychoanalytischer Verlag* and co-edited Freud's collected works. He published books of many psychoanalysts and also the two official magazines of the International Psychoanalytic Association. In 1929, he founded his own magazine *Die Psychonalytische Bewegung* (The Psychoanalytic Movement) and within the four years of his editorship he made it a cultural organ highly appreciated in Germany. Storfer, himself an excellent journalist, picked a staff of contributors from the growing reservoir of psychoanalytic writers. His *Bewegung* reflected the impression made by the young science on wide circles in Europe and America and its thriving in the midst of enthusiastic followers and embittered opponents.

In addition to all this, Storfer wrote two philological books which because of their thorough erudition were well received by critics. Words and Their Vicissitudes was published in 1935 after he left the *Verlag*, the second volume, In the Jungle of Language, in 1937. He had finished the preliminaries for a third volume of philological investigation but all his notes, painstakingly collected during several years of work, were confiscated by the Nazis when in December 1938 he embarked at Bremen.

We would have liked to have him with us in America, but because he was a Rumanian and his country's quota filled for ten years, he was lucky to be admitted to Shanghai, China. At that time he was already suffering from occasional stenocardiac seizures. Nevertheless, almost immediately after his arrival in Shanghai, he published a German magazine which he called The Yellow Post. Probably never before was a German magazine run in China with so little means on so high a literary level. He tried the impossible even there—to propagandize Freud and Freud's teachings—but only a very thin layer of intellectuals in Shanghai could be interested in such a subject. He even had to bear the hostilities of the powerful Catholic Mission (Jesuits) who warned him of spreading 'false doctrines'. Storfer was never very good in business matters and soon he was deeply in debt. He had to give up his magazine even before he fled from Shanghai in December 1941. An adventurous voyage brought him first to Manila and then to Melbourne, Australia, where he succumbed to his old ailment in December of last year. Although he was outstandingly courageous his illness must have made it very hard for him to spend the last period of his life at a potter's wheel to keep the wolf from the door.

Thus ended the life of one of Freud's most colorful collaborators. All who knew the debonair, witty man, always with a joke up his sleeve, cannot easily imagine that he is no more. He never married, but women liked him. He was one of the last *bon vivants* of Vienna, although he was not born in that city. His was the Viennese personality: a serious worker, to his friends a regular fellow. It was Storfer's tragedy that he, who represented this type so well, had to perish with the type.

La cigale ayant chantée tout l'été
Se trouva très dépourvue quand la bise fut venue . . .

FRITZ WITTELS

BOOK REVIEWS

INFANTS WITHOUT FAMILIES. By Anna Freud and Dorothy T. Burlingham. New York: International University Press, 1944. 188 pp.

The trend away from institutional care for children under five dates back in this country some thirty years and is based on excellent studies comparing equated groups of children brought up in institutions and in foster homes, as well as in conventional and progressive types of institutions. Infants Without Families is another valuable addition to, quoting the authors' subtitle, 'the case for and against residential nurseries' (i.e., institutions). The importance and timeliness of the study for war-torn lands, with its millions of homeless families and familyless children, need hardly be stressed.

The authors approach the problem by comparing the children's development in the residential nurseries under their direction with that in proletarian homes from which most of their children come. They find that children brought up in nurseries surpass those brought up in their own homes, in physical growth, muscular coördination, feeding habits and inter-child social relationships; but they are inferior to children brought up in their own homes, in speech, habit-training, and above all, in character development. Without the stimulus of maternal devotion, speech is delayed and may be impaired; without the wish to please the mother, sphincter control is established only with great difficulty; without a close emotional tie between mother and child, autoerotic character traits develop at the expense of social traits; intellectual and creative development are retarded through the blunting of curiosity, through lack of identifications, and through the frustration of the wish for admiration. Based on these comparisons, confirmed by their observations of artificially created families in the nurseries, the recommendation is made that residential nurseries be modeled as nearly as is institutionally feasible on the family-unit plan in order to safeguard the character formation of the child and protect it and society against antisocial behavior at a later age.

Apart from the social significance of this book, the observations of so trained and gifted an observer as Anna Freud have scientific

value and as such should be examined more closely. The statement that infants during the first five months, if not breast fed, thrive better in nurseries than in their own (proletarian) homes because of the regularity of routine, superiority of diet, and absence of maternal anxiety, has wide social application in view of the countless numbers of children who are destined to spend their infancy in nurseries. Furthermore, it is of particular interest in view of the present tendency to stress the maternal care of infants above everything else from the moment of birth. The closeness and attentions of the mother are found to be so important in the second half of the first year, that without them, as in the residential nursery, the child appears backward and unresponsive, as does also, we might add, the rejected child living *with* its mother. Important light is shed on such autoerotic symptoms as head-knocking and rocking. Both are far more common and prolonged in nurseries than in homes; both are the product of isolation and serve the purpose of consolation. Head-knocking starts out as an expression of anger and is later transmuted into masochistic pleasure. The story of habit-training is dramatically told. In general it is delayed in residential nurseries, but some children do not achieve it until they are regrouped into artificial families of three or four children around a teacher-mother. Only after they form their emotional ties to one person are they able to make the sacrifice of cleanliness. Together with this achievement a quickening of emotional development, in the form of both positive and negative behavior, was observed—a sign that character was being formed out of a much richer capital stock.

Though there is a wealth of material on the effect of the mother's absence—be she dead or alive—on the development of the child, the authors are frank to admit that they can offer very little on the effect of an absent father. Visiting fathers are often rejected, especially if they pinch-hit for the mother. Absent or dead fathers are incorporated into rich fantasies, so that fathers may really be said to be conspicuous by their absence! But boys develop masculine traits even in the absence of fathers and father substitutes; they change spontaneously from passive dependence to manly and protective attitudes. That girls develop maternal attitudes towards dolls and younger children, though they themselves never experienced a mother's care, is a less convincing proof of the spontaneous appearance of feminine traits because they have had the benefit of

identification with a mother substitute. The authors nevertheless make the point that both masculine and feminine traits are innate, a point on which there is contradictory evidence both in psychology and anthropology.

Whatever the scientific differences on such questions, the authors' conclusions are inescapable: *in a society built on the family as its basic institution,* the home and the family offer optimum conditions for the rearing of children, and institutions for young children should be modeled as closely as possible on the family group. (Nevertheless this need not blind us to the gross defects in family life subjected to increasing social stresses—defects which are so abrasive in their effect on children.) Practical minded officials may reject this family-unit institutional plan because of its substantially higher costs. They should be reminded that crime, mental illness, and wars—by-products of shortsighted social planning for children—cost society infinitely more.

AUGUSTA ALPERT (NEW YORK)

THE RIGHTS OF INFANTS. By Margaret A. Ribble. New York: Columbia University Press, 1943. 118 pp.

To further the study of infants, child analysts have founded nurseries here and abroad and have studied and assisted in obstetric and pediatric wards. Margaret Ribble has observed six hundred infants in three maternity wards in New York City. The results of her study are correlated in this excellent book. She convincingly proves that babies need 'mothering' in addition to routine physical care. Mothering increases breathing which at birth is still shallow and inadequate. Deep breathing is important for the brain which needs an abundant oxygen supply for its development during the first months of life. Sucking increases breathing and because it also satisfies a deep inner need, it should be encouraged from the start; if the infant cannot suck spontaneously it should be taught. The author cites many examples which show how infants need to be fondled, talked to and sung to. The word 'stimulus hunger' is introduced to indicate the baby's need for physical contact which precedes the real longing for the mother as a love object. Lack, or a sudden interruption of stimulus hunger, may throw a baby back to a much lower level of physical functioning or result in an emotional withdrawal which may well become a pattern for reaction to frustration in

later life. The author also suggests flexible schedules to suit the baby's needs.

Taken as a whole, this book is an appeal to reinstitute many of our grandmothers' habits in infant care—habits abandoned by modern mothers—and a warning against excess. The importance of always being aware of the child's own needs is stressed.

ELISABETH R. GELEERD (TOPEKA)

THE PEOPLE OF ALOR. By Cora Du Bois. A Social Psychological Study of an East Indian Island. With Analyses by Abram Kardiner and Emil Oberholzer. Minneapolis: The University of Minnesota Press, 1944. 654 pp.

Cora Du Bois has certainly written one of the best accounts of field work in anthropology. Dr. Kardiner should be regarded as co-author of this publication because the origins of the book go back to his seminars, he has helped in providing the funds for the field work and he has contributed theoretical chapters. Anthropologists will probably go on record with the statement that this is the first time that material concerning an individual is provided in an anthropological study and they will probably overlook the fact that I did so already as far back as 1932[1] and that Wulff Sachs has published an analysis of a South African medicine man.[2] The psychoanalytic material in this book is given in the form of autobiographies interspersed with the dreams of the informant. The fact that Dr. Du Bois succeeded in getting so much personal material from her informants is an outstanding testimony to her skill as a field worker. The autobiographies have been analyzed by Dr. Kardiner who also draws the final conclusions. The book contains a chapter on Porteus Maze Tests (pp. 552–556), one on Word Associations (pp. 556–566), one on Children's Drawings (pp. 566–588), and an important contribution by Dr. Oberholzer on the Rorschach experiment (pp. 588–641).

The excellent quality of this record of field work consists of the detailed information presented which will make the book equally welcome to those who agree and to those who disagree with the main thesis. Cora Du Bois writes, 'Since women are primarily

[1] Róheim, Géza: *Psychoanalysis of Primitive Cultural Types.* Chapt. VIII—Doketa. Int. J. Psa., XIII, 1932, pp. 150–174.

[2] Sachs, Wulff: *Black Hamlet.* London: Geoffrey Bles, 1937.

responsible for garden work and the subsistence economy, mothers return to regular field work ten days or two weeks after the birth of the child. It is not customary for the mother to work with the child on her back or even near her as it is in other societies. Instead the infant is left at home in the care of some kin, for example the father and older sibling of either sex, or a grandmother whose field labor is less effective than that of a younger woman' (p. 34). 'The Alorese infant has fairly high contact gratifications. It suffers no suppression of infantile sexuality and it is not disciplined into the early acquisition of psychical skills and controls. The chief source of frustration seems to be in feeding. However, this occurs in a period of life when ingestive gratification is probably of primary importance to the developing organism' (p. 38).

According to Kardiner (p. 176), the insecurity of the Alorese as persons is due to the fact that they have had 'bad' mothers and the frustrating character of these mothers is due to the economic situation. The economic situation is factual but why does it exist? There is certainly nothing in the environment to prevent (1) the men from working in the fields and (2) the women from taking their infants with them when they go to work.

We are told that the men do not work in the fields because it is considered below their dignity; they are interested only in the 'wealth contest'. The description of the wealth contest (pp. 122, 123) reveals to the psychoanalytically trained eye that the real issue here is the castration complex, i.e., the castrating superego and the retort of the ego: 'I am not castrated, I have all these things'. Both Dr. Du Bois and Dr. Kardiner correctly emphasize the rôle played by early object loss but they fail to see clearly the importance of the superego and castration anxiety and the rôle of the father.

A man called Fanseni (p. 156) was supposed to have offended an evil spirit in his maize field. He showed various signs of insanity and had to be watched over. . . . Suddenly he picked up a piece of fire wood, held it against his crotch, broke it in two, and said, 'This is my penis. Give it to your children to eat. Perhaps they are crying for hunger.' He then scattered the coals around the room. Later he said, 'My father, Padalani, who is down below, calls. Let us go to him.' Followed by the others he slid down the trail on his buttocks, grasping a stick with which he swept the trail as he went. . . . Also he kept insisting that his dead father was calling him. . . . Then he broke off a piece of stick, held it near

his crotch and offered it to one of his guardians for his hungry children. . . . Finally he reached his father's grave and there ordered the others to dig his own grave just about two yards away. He got into the grave and they buried him.

In a case of psychosis the unconscious mechanisms are unveiled with little secondary elaboration. The first thing this psychotic does is to castrate himself symbolically and at the same time this castration is brought into connection with the oral trauma. Obviously people who suffer from a strong separation anxiety must also have castration anxiety since phallic cathexis is the universal defense against separation anxiety. The boy rejects (loses) the 'bad mother' and instead he *has* his own penis. He is then afraid of losing the penis.

There are two significant facts that should be mentioned here in connection with castration anxiety. One is that among these people castration actually occurs as a punishment for adultery (p. 333); the other is that 'One of the favorite substitutes for offering the breast in an effort to pacify the child is to massage its genitals gently' (p. 37). Here we must assume that the close connection between oral and genital gratification—and hence between the loss of oral and genital gratification—must be created. Nevertheless, Cora Du Bois writes: 'Castration threats occur but seem to be rarely employed. The cases that were reported all happened in late childhood and chiefly in connection with offenses other than sexual. . . . It is improbable that such threats are to be considered traumatic as they may be in our culture where they occur in connection with sexual and excretory activities that are rigorously suppressed' (p. 72).

The data, however, tell us a quite different story. To cite instances of 'nonsexual' castration threats: 'When we were children we boys and girls played together in the dust. If we fought a little our boy friends would say to each other, "If your penis itches cut it off". If girls fought they would say to each other, "If your vagina itches, slit it" ' (p. 331). Constant threats accompanied by the brandishing of a knife are made to cut off children's ears or hands (p. 48).

The book contains so much that it is impossible to discuss more than a fraction of the problems in a review. Moreover this is only a part of the author's field work and the psychoanalytic anthropologist will wish to see all the data on myths, rituals and magic in

order to gain a complete understanding of the situation. One remark of Dr. Kardiner, however, should be quoted here with approval: 'One might well ask after the perusal of the autobiographies of the four men whether the concept of basic personality structure is validated by these studies. The concept is essentially a check on *institutions* and not on *character*' (p. 548).

Yet as far as I remember that is what the authors—and with them many modern anthropologists—are doing nowadays. They think they have described character when they discuss institutions.

GÉZA RÓHEIM (NEW YORK)

THE WAR AND MENTAL HEALTH IN ENGLAND. By James M. Mackintosh, M.D. New York: The Commonwealth Fund, 1944. London: Humphrey Milford, Oxford University Press. 91 pp.

This is a smoothly and gracefully written little book by the Professor of Preventive Medicine at the University of Glasgow, a man who has long been associated with the mental hygiene movement in Great Britain. The book is broad in scope and perspective. It sketches with swift strokes the effect of the war upon various groups in England and then goes on to discuss the psychiatric aspects of some postwar problems.

The author's remarks go sharply to the point. In the prewar period 'we were blind to the growing dangers because we did not want to see them. . . . The nation pleads guilty at the bar of history.' But '. . . the democratic peoples . . . did not believe Hitler could be so foul a monster as to mean what he said.' Concerning the process of adjustment, 'the experience of the last war indicates that, so long as the war lasts, many people maintain balance without great difficulty; but when the strain is over, a multitude of overworked minds break down'.

The nervous and mental reactions to the war of various groups are considered. 'Rheumatism' and 'dyspepsia' were the chief symptoms in the new soldier who failed to adjust to war service. The evacuation made people realize with horror that many of their countrymen 'did not know how to live under ordinary conditions of human decency'.

One of the trials of the housewife was to be regarded as the natural enemy of the butcher and grocer and to be met with the 'glassy stare and defensive lie when they knew the coveted article was under the counter, reserved for special favorites . . .'. The

point system restored dignity and friendliness to housewife and tradesman. However, the fishmonger, not in the point system, could still dictate to his customers. The housewife was at first regarded as a nuisance and her job was not appreciated until later.

Evacuated children developed all sorts of mental symptoms which were at first neglected. Those children sent to homes of about the level of their own adjusted best.

Exposure to sexual temptation was an added problem for the women, who seemed to suffer more from the breaking of the home than the men who left. Of all groups the old people were perhaps hardest hit by the war. The students, besides the strain of air raids on their sleep and studies, had to select courses for utility, rather than interest, and crowd their work into shorter periods.

Although the people stood up surprisingly well under the air raids, 'shelter neuroses' developed, and some scars will remain in the population from the experience of the blitz. Indeed, since mental wounds tend to be repressed, it is hard to evaluate the results of the war experience and one can anticipate that the people will emerge from their trials with scars or buried emotional volcanos.

In discussing mobilization for peace, the author states that there has been steady but limited progress in appreciating that the rehabilitation of a person disabled by injury or sickness is not solely a medical problem. Both the government and private voluntary organizations are making progress in this direction. The great need is for more adequate teaching of psychiatry, which, it is gradually being understood, deals with problems of adjustment, and not merely of 'mental disease'. The training of psychiatric social workers has been an outstanding success. Their work needs still further integration with that of the social case worker and the public health nurse.

To avoid mental breakdowns at the end of the war, Dr. Mackintosh believes that a sharp break between war and peace must be avoided—not, as after the last war, a recoil, but rather the 'swift use of the transitional period to build up and strengthen the national service. So long as men and women are busy . . . working for some national plan it is unlikely that we shall be flooded with problems of neurosis. . . .' 'The miseries that disfigure the lives of great societies are associated with enforced idleness, with drudgery, and with . . . insecurity.' But the systematic health

education must begin with the expectant mother and carry uninterruptedly through adolescence. The author finds it unfortunate that differences between the schools of psychiatry tend to confuse the public as to the essential common truths.

These are a few of the observations presented in this clearly-written book on some of the mental problems engendered by the war in England.

LEON J. SAUL (MEDIA, PA.)

THE NATURE AND TREATMENT OF MENTAL DISORDERS. By Dom Thomas Verner Moore, O.S.B., Ph.D., M.D. New York: Grune & Stratton, Inc., 1943, 312 pp.

Those who seriously concern themselves with improving their therapeutic skill and those who have the responsibility of teaching and training students in psychiatry will do well to study this volume which reflects so clearly the basic factor in psychotherapy. This factor, which Dr. Moore does not discuss, but which stands out in bold relief as he describes his work with adults and children, is the influence of the psychiatrist's personality in relieving the distress of the mentally sick. This influence stems largely from a strong therapeutic interest which enables the author to sense the patients' needs and to utilize those techniques which are most effective with each patient. Dr. Moore follows no specific routine and adheres to no single standard of procedure. His techniques 'descend from what is really an application of psychoanalytic techniques to trivialities the only excuse for mention of which is that they may be, on occasion, suggestive and helpful'.

The success of the author's therapy is also intimately connected with the fact that his approach is from the combined viewpoints of a medical man and a psychologist. These factors in the personality of the psychiatrist are of timely importance. The present trend in psychiatry towards becoming increasingly 'scientific' and towards relying more on external agents in the treatment of emotional disorders may represent a decline in the art of psychotherapy. Some of the recent innovations, which have been dictated in the main by the demands of the present era, are often employed indiscriminately and tend to compensate for lacks in the personality of the psychiatrist. In the light of these developments, Dr. Moore's book is a thoughtful reminder and a timely caution to all psychiatrists.

The abstracts of therapeutic problems which make up a large part of this volume might well serve as models for other contributors to psychiatric literature. They are almost as replete with details about the therapist's activities as they are with the data supplied by the patients. The reader is thereby provided with a clear view of the interpersonal factors in the treatment situations and can observe what was helpful, what ineffectual and by what means the patient recovered.

Throughout his book Dr. Moore has much to say both for and against psychoanalysis. The author index contains nineteen references to Freud. Some of his criticisms are valid while others derive from his limitations concerning psychoanalytic theory. This volume is especially recommended because of its constructive criticisms and its striking implications about the personality requirements of potential candidates both for psychiatry and for psychoanalysis.

LEO H. BARTEMEIER (DETROIT)

LANGUAGE AND THOUGHT IN SCHIZOPHRENIA. Collected Papers. Edited by J. S. Kasanin, M.D. Berkeley and Los Angeles: University of California Press, 1944. 133 pp.

This small book contains a collection of papers on the subject of Schizophrenic Thinking Disorders which were read at the meeting of the American Psychiatric Association in 1939. The preface by Nolan D. C. Lewis outlines our present knowledge regarding the problem and puts the questions dealt with in the book into a broad historical framework. Dr. Kasanin, who has written one of the papers, also introduces and summarizes each contribution. He has done an extremely skilful job in stressing the most important points and in stating and restating the problems touched upon by the investigators. Though the approaches and even the conclusions of the various authors differ widely in some details, this little book is a unified, representative statement of modern research on language and thought in schizophrenia.

Dr. Sullivan stresses the great intimacy of schizophrenic speech. After the schizophrenic has given up the delusion that speech will help him gain magical satisfaction, he uses it only in an effort to obtain a feeling of security in the presence of strangers. He fails in the process of consensual validation, that is, he does

not care to, and cannot make himself understood by others. Dr. Sullivan offers a new theory of the origin of language which is open to serious criticism. Although some of his conclusions sound original—if somewhat quaint—they are usually merely newly worded versions of well-known facts and theories.

Dr. Goldstein approaches the problem of schizophrenic thought as an aspect of the total personality of the patient. For him (as for Freud thirty years ago) schizophrenic thought disorder (or all symptoms) are not simply the consequences of the defect but also the expressions of the tendency of the organism to come to terms with the outer world. He investigates the performance of schizophrenics as well as of organic cases by means of certain sorting tests, and finds that the characteristic schizophrenic shows a disturbance of the abstract attitude often called the 'categorical' or 'conceptual attitude'. The modification of schizophrenic behavior is due to his 'concretistic' attitude and the language of schizophrenics is characterized by the absence of generic words signifying categories or classes. This peculiarity is not expressive of symbolic or metaphoric thinking, but the result of a new fixation on a given concrete situation. Loss of constancy and definiteness in the conception of the structure of objects are equally characteristic of the schizophrenic and organic case. However, there are important differences because the level and type of concreteness in schizophrenia are not identical with that of the somatic case. The schizophrenic disturbance is not a simple disintegrative process. In addition to his perceptual concreteness, the schizophrenic develops an individual pattern of projecting his personalized thinking and associations, so that there is a prevalence of the so-called 'physiognomic aspects of percepts'.

Dr. Kasanin describes the tests used by Vigotsky and Luria in Russia and by Hanfmann and Kasanin in this country. There are three states in the undisturbed development of thinking: physiognomic thinking, concrete thinking and, usually after adolescence, abstract or categorical thinking. He agrees with Dr. Goldstein in so far as he regularly finds a disturbance of conceptual thinking in schizophrenics. When found in psychological tests, this sign seems to have a very definite prognostic importance.

Dr. Cameron feels that the essential disturbance in schizophrenia is the 'social disarticulation', characterized by 'loose

organization, inability to select and eliminate and the tendency to approximate with injection of purely personal items'. This disorganization is neither simple regression nor deterioration; schizophrenic speech is like neither that of a child nor of a deteriorated senile person.

Dr. Benjamin uses proverbs to test the patient's intellectual function. He finds 'a serious disturbance of conceptual thinking, an increased literalness of approach and the lack of a single frame of reference'.

Dr. Beck studied the Rorschach responses of schizophrenics and points out that they do not live in a world of fantasy. They are not actually creating something new but just distorting reality, which, he maintains, is inaccuracy, not fantasy. What chiefly distinguishes the schizophrenic from the normal person is his poor apprehension of the presented real world. (The schizophrenic has not more movement responses than the normal, but many more F minus responses.)

Dr. Von Domarus deals with the formal aspects of schizophrenic disturbance, characterized by the prelogical mode of thinking that concludes identity from the similar nature of adjectives, as compared with logical thinking which assumes identity only upon the basis of identical subjects. The specific laws of language in schizophrenia are the same as those of primitive people, though of course the schizophrenic process does not make the patient a primitive.

Dr. Angyal considers the schizophrenic disorder in terms of gestalt psychology and feels that the schizophrenic fails particularly in the apprehension of 'system connections'. He does not recognize arrangements of thought according to some unitary plan within a 'dimensional medium'. His view that schizophrenic thinking is the result of a significant disintegration of 'a part function', while the disturbance actually starts in the broader aspects of the personality and proceeds from the center to the periphery, is especially interesting.

The concluding remarks of Dr. Kasanin once more summarize the main findings of these investigators and outline the problems to be tackled by further research. Outstanding among these are: the relations of conceptual thinking to intelligence and its dependence on culture, the exact differences between organic psychoses

and schizophrenia, and the reason for the mechanisms of the social disarticulation of the schizophrenic.

This book not only contains many stimulating ideas and new contributions to the problem of schizophrenia, but also gives an interesting and vivid picture of the present state of our knowledge of this problem in the light of newly developed psychological testing procedures which confirm many intuitive findings of former investigators. It is a very well written book, easily understandable, although none of the authors tries to popularize the complicated subject matter. These collected papers will prove to be indispensable to everybody interested in the problem of schizophrenia, that is, to every psychiatrist.

FREDERICK J. HACKER (TOPEKA)

A HANDBOOK OF PSYCHIATRY. By P. M. Lichtenstein, M.D., LL.B., and S. M. Small, M.D. New York: W. W. Norton & Company, 1943. 330 pp.

The authors of this highly commendable book have said very little that is new, but what they have said is exceedingly readable and to the point. While no attempt is made to cover the whole field of psychiatry, the result is more than an abridged compilation of the commoner types of mental disorders. Their aim has been to formulate a not too lengthy but adequate and readable presentation of the main facts of psychiatry, primarily compiled for the needs of the general practitioner, but also for the nurse, social worker, personnel of hospitals and intelligent laymen seeking a working knowledge of personality functioning and its disorders. To the psychiatrist and neurologist, the book gives a refreshing review in an easy flowing style that arouses and maintains interest to the end. Many pertinent case examples are used to illustrate various types of illness. The medical student, intern in psychiatry, and other interested persons will be grateful for a well-chosen bibliography appended to each chapter.

Normal personality functioning is considered first. Throughout this chapter, and indeed the whole book, it is easy to spot the basic influence of the Meyerian 'school' of psychobiology. In this connection the 'integration concept' of Adolf Meyer and his emphasis upon a 'pluralistic monism' in the light of a critical testing of the facts, longitudinally as well as in cross-section, make for a dependable and useful perspective.

The authors then proceed not only to describe but to give a useful interpretation of the meaning of behavior as seen in the symptom formation of various types of illness. A useful mental examination outline is given with attention to pertinent psychometric tests (Binet, Alpha, Beta, Bellevue-Wechsler, Vocational-interest), followed by a discussion of intellectual deficiency and the psychopathic personality. The contribution to an appreciation of war neuroses is of outstanding value. The recent emphasis on psychosomatic medicine is not slighted although one cannot do more than pick up several of the main threads in this rapidly growing branch of medicine. Medico-legal questions are also given due recognition.

The authors discuss the management of the psychiatric patient as a total personality with functional or organic difficulties, or blends of both factors, in the light of the total setting which we seek to modify for his best supportive and protective care. Brief mention is made of the common specific therapies including techniques of nursing care. Only one page and three-quarters are labeled 'psychoanalytic therapy'. The authors point out that many of the concepts promulgated by Freud are constantly used in non-psychoanalytic formulations and regard is shown for the importance of repression, psychic conflict, transference and the symbolic significance of dreams in psychotherapy. Brief mention is made of the procedure of the free association technique and one is cautioned against its danger. Prospective patients or their advisors are referred to Dr. Kubie's book, Practical Aspects of Psychoanalysis, for answers to common questions.

The reviewer has no hesitation in recommending this book as a 'must' for all those seeking an orientation in the fundamentals of general psychiatric theory and practice. Because of its clear and straightforward style with a minimum of technical language, it is without a peer and merits wide reading.

FREDERICK L. PATRY (ALBANY)

PSYCHOLOGY AND HUMAN LIVING. By Walter C. Langer. New York: D. Appleton-Century Co., 1943. 286 pp. (A publication of the Commission on Human Relations of the Progressive Education Commission.)

'That the present generation may be able to create more humane and workable designs for living than have their elders' is the goal

towards which Mr. Langer, a clinical psychologist, wrote Psychology and Human Living. To the extent that book knowledge can be utilized to influence behavior, Langer's book fulfils this purpose. Whatever the specific or general purpose of extending this knowledge may be, the book does fill a gap in our psychiatric literature left by the paucity of simplified presentations of human behavior which include undistorted psychoanalytic contributions to psychiatry and psychology. It is singularly well written for the average interested lay reader and at the same time it is sufficiently inclusive to be useful to readers in allied professional fields.

The book is written in a style which makes it easy to read. The material is presented painstakingly and comprehensibly: facts, simple and known, are developed step by step into concepts, complex and generally unknown. There is ample repetition and clarifying case illustration. Technical terminology is conservatively used. The way in which symptomatology and abnormal behavior is discussed in relation to normal behavior is reassuring to the lay reader who might otherwise be alarmed. It is assumed that the norm is a fiction and that everyone has some problems for which there are possibilities of a solution.

How much one can derive from this book depends to some extent on the reader's background and preparation. Freud's metapsychology and his conception of Man's development in relation to his environment and culture is incorporated into the presentation. Views by others are occasionally mentioned on specific subjects for a comparison of interpretations.

The first half of the book deals with normal psychology. The human being is presented as one who is endowed with specific 'needs' and equipped with forces with which to deal with these needs. The interaction of this inner pair with a third external (environmental) force, or how the individual masters his inner drives with reference to other demands, is used as the basis of a description of growth and development from infancy to integrated maturity.

Langer has avoided the whole controversy of instincts as a term in psychology by his choice of the term 'needs' which he describes as 'not unlike a condition of tension, which motivates behavior to relieve it and returns the system to relative equilibrium'. Actually the category 'needs' is more inclusive than instincts. In

the discussion of the expression and destiny of needs, the concepts unconscious, subconscious (preconscious), anxiety, suppression, repression, sublimation, reality and pleasure principle, ego ideal, superego formation, œdipus complex, etc., are introduced and described adequately though sometimes briefly. Oversimplification occasionally results in misleading statements, as that the strongest needs are most conscious and the weakest most deeply buried in the unconscious. One feels that the author was not unaware that very strong needs are repressed because of anxiety, but that for purposes of simplification he limited himself in this instance to simple, mainly physical needs such as hunger.

A special chapter is devoted to the adolescent and his problems, especially in relation to his culture and changing times and the demands these make upon him. The findings are not new but they are well put together.

The second half of the book is on psychopathology. Psychoanalytic mechanisms are simply presented and illustrated both in the neurotic character and in the psychoneurotic. The rôle or anxiety in the development of symptomatology and the impoverishment of ego functioning which results from its recourse to pathological methods of avoiding anxiety, is nicely illustrated.

The solutions offered in the last chapter, We Look Ahead, are balanced and helpful. The general discussion of the fields in which we can help toward better adjustment and 'more humane and workable designs for living', as in education, law, infant training, etc., is quite good. The clinical psychologist is recommended for the more complex problems, but one completely misses any reference to the rôle of the psychiatrist as a therapist for psychopathological conditions. Since Langer, in his chapter on symptoms, clearly says that a psychoanalyst's help is necessary for problems as repressed aggressions and a severe superego, and in another place states that the unconscious can only be studied by hypnosis or psychoanalysis, he must assume his place as therapist. Does he include the medical psychologist, the psychoanalyst, in the title 'clinical psychologist'? Certainly his stand on medical psychotherapy including psychoanalysis is not clear, particularly in this last chapter where it is most needed.

LILLIAN MALCOVE (NEW YORK)

LEADERSHIP AND ISOLATION. A Study of Personality in Interpersonal Relations. By Helen Hall Jennings. New York: Longmans, Green & Co., 1943. 240 pp.

Helen Hall Jennings previously collaborated with Dr. J. R. Moreno in administering a so-called sociometric test to groups of children. The test was devised by Moreno to study personal feelings of the members of a group for each other, by means of allowing each a number of choices of other members with whom he wished to function. The research reported in this book is a variation of the sociometric test aimed to reveal 'the individual psychology of choice: how individuals differ in the kind and extent of their interpersonal relations'.

Each individual was asked to choose (or reject) as few or as many others within the group as she wished, with whom she would like to live, work, study or play. The test was carried out in the New York Training School for Girls which had a population of approximately four hundred ranging from twelve to sixteen years in age. The tests were given twice, with an interval of eight months between.

An attempt was made to study the common trends in the choice process and to present personality studies of individuals in the overchosen or 'leader' group and in the underchosen or isolated group. A kind of stability in the number of choices by an individual was observed. It was found that length of residence, age, intelligence, or exceptional opportunity to contact others does not increase positive choices, that there is very little correlation between the number of positive or negative choices by and toward the subject. The individual's contact range was found to increase during the first nine months of residence and then to remain stationary. Choice appeared to be an expression of attraction toward an individual which is in a way earned by the person chosen.

The members of the overchosen as well as the underchosen groups showed marked individual variations, but certain trends could be discerned from personality studies which are presented. These are made up from observations by the examiner, descriptions by other members of the group and by house mothers. Conclusions drawn from these studies indicated that the overchosen have the following abilities in common: tendencies to con-

duct themselves in ways which imply unusual sensitivity and orientation on their part to the elements of a group situation; they contribute to enlarging the social field for participation of other members; they encourage development of individual members; they tend to make possible a wider common experience for all by their innovations altering the status quo of things; they tend to 'internalize' their own personal worries and display high *esprit de corps*.

The underchosen individuals conduct themselves in ways which imply a lack of orientation on their part to elements of the total group situation; frequently they fail to contribute constructively to the group and hinder, by their behavior, activities undertaken by other members; especially they externalize their private feelings of irritability, etc. and subtract from the general tone of the group.

This study is carefully thought out and executed. The author stops about where the psychoanalyst would begin to study the dynamics of choice. The style of writing, the special vocabulary employed by the author and the presence of large numbers of complicated tables in the text make this a very difficult book to read.

RUTH LOVELAND (NEW YORK)

THE PSYCHOLOGY OF FASCISM. By Peter Nathan. London: Faber and Faber, Ltd., 1943. 158 pp.

The application of the basic findings of psychoanalysis to the problems of social psychology—the field to which Freud himself devoted so much time in his later years—daily becomes more widespread and fruitful. Here is a little book written with a great deal of stylistic charm, which succinctly and systematically derives many of the basic characteristics of fascist mentality from the theory of personality structure and psychosexual genesis. Widespread circulation of such a book should do much to overcome for all time the criticisms that one still hears from some social scientists about the 'individualistic' bias of psychoanalysis. For here in eight brief and well organized chapters a much more scientific, as well as plausible, explanation is advanced as to how men come to believe in and function under the tenets of fascism than is to be found in many of the much longer and complicated treatises of historians, economists, and political scientists.

Starting from the thesis that all government represents the accept-

ance of a surrogate for the original infantile parental discipline, Nathan shows how many of the individual neuroses which arise out of the discontents of modern civilization are resolved through the acceptance of the collective myths of fascism. Thus anti-Semitism, homosexuality underlying the leader principle, rationalization of aggression, and an increase in feelings of group solidarity, all follow from the insight psychoanalysis has given us into the processes of domestication of man's animal nature in any society. Nathan further points out the socioeconomic factors involved without enlarging on them. The illustrative material—which is well chosen—stems from the author's own clinical experience and his wide reading of current history, political science and biography. The book ends with a useful, if far from complete, annotated bibliography on the subject.

Some social scientists will undoubtedly feel that Nathan's book is too inclined to overlook socioeconomic issues. There is certainly a tendency on his part to attribute a definite and unchanging national psychology to Germans as Germans, which to this reviewer smacks of the social science of the nineteenth century. His discussions of Germany and the future in the last chapter could be subjected to some rather serious doubts. But so far as his main thesis goes, that to understand the psychology of fascism one must understand the unconscious emotional factors behind it, he has done an admirable job.

J. F. BROWN (NEW LONDON, CONN.)

IN SEARCH OF MATURITY. An Inquiry into Psychology, Religion and Self-Education. By Fritz Kunkel, M.D. New York: Charles Scribner's Sons, 1943. 292 pp.

Religious and psychological concepts are so interwoven in Dr. Kunkel's book that their disentanglement is quite impossible. Add to this that they are stated in the language of Jungian mysticism, modified to suit the author, and the confusion becomes complete. In spite of its promising title the book is merely hortatory. Following Jung it denies the œdipal situation as anything but a figment due to archaic 'images' which are supposedly part of the instinctive equipment of the newborn child. There is much talk of something called 'the shadow', of the self as opposed to the ego, of dark powers (of which hypnosis is evidence), of the

unconscious as the will of God and of anxieties as our failure to understand it.

Though Dr. Kunkel considers psychotherapy unnecessary except for extremely severe neuroses—even sexual dysfunctions being considered by him to be 'merely normal crises'—he nevertheless offers his own kind of depth-psychology as a cure through a process of autotherapy. This consists of ascetic practices, projections (here called transferences) of White Giants and Black Giants, the use of 'images' together with the rest of the Jungian gnostic armamentarium. In confirmation of his theories the author quotes the more obscure passages of the New Testament. His belief in the value of suffering is the clearest statement in his book. The only result of this kind of psychotherapy can be the substitution of a world of phantasms for reality and of a more severe neurosis for that of which his patients presumably wish to be cured.

FRANKLIN DAY (NEW YORK)

WHEN CHILDREN ASK ABOUT SEX. By the Staff of the Child Study Association of America. New York: Child Study Association of America, 1943. 16 pp.

This pamphlet advises parents when and how to answer the child's questions about sexual matters. It discusses which attitudes to take towards masturbation and mutual sex play and gives advice concerning instructions about birth control and venereal diseases. Psychoanalysts will find themselves in general agreement with the principles expressed although here and there a slight difference in opinion about some details may occur. The presentation will be sufficient for some parents; many others would benefit by an opportunity to discuss further the problems raised.

ELISABETH R. GELEERD (TOPEKA)

GUIDING THE NORMAL CHILD. By Agatha H. Bowley, Ph.D. New York: Philosophical Library, Inc., 1943. 174 pp.

This book is a welcome addition to the list of books on the emotional development of the child. It adequately describes the mental, social and emotional development from infancy through adolescence. The influence upon the author of the English school of psychoanalysis may explain why no reference is made to the œdipus complex.

Bowley did well in pointing out that the social and emotional development of children is not a smooth process and that difficulties such as feeding and toilet problems, temper tantrums, fears, aggressive acts, etc., must be expected at all phases. Only if these symptoms persist should one speak of maladjustment. The suggestions on how to encourage the child to develop according to his endowments are wise.

ELISABETH R. GELEERD (TOPEKA)

DEVELOPMENT IN ADOLESCENCE. By Harold E. Jones. New York and London: D. Appleton-Century Co., Inc., 1943. 166 pp.

This is the presentation of the data of one case, selected by The Adolescent Growth Study Institute of Child Welfare, from a growth study consisting of approximately two hundred boys and girls. The data were obtained from interviews, detailed questionnaires, and individual and group psychological tests. Teachers, parents and fellow pupils were all investigated by these methods. In addition, detailed physical examinations were made regularly.

The selection of this particular case is interesting because the boy was emotionally and physically as well as socially handicapped. The correlation between these factors is clearly demonstrated. In spite of his poor adjustment in early adolescence he was able to take his place in the group during his senior high school years and through college. This was accounted for by his physical maturation and a change in the standards of the group both of which stabilized him emotionally.

The book is of value to all who are interested in the maturation of the adolescent.

ELISABETH R. GELEERD (TOPEKA)

CRIMINAL CAREERS IN RETROSPECT. By Sheldon and Eleanor Glueck. New York: The Commonwealth Fund, 1943. 380 pp.

In their two previous works, Five Hundred Criminal Careers and Later Criminal Careers, the Gluecks followed the life experiences of five hundred and ten offenders who had been inmates of a reformatory. This third follow-up study records a third five-year period. The first section of the book presents these men as they reach middle age, records in detail their later careers either of

criminality or of a more adequate social adjustment, seeks to discover the differences between those who reform and those who do not, and probes for the reasons for relapse into delinquency. Of particular interest to the psychiatrist are the several summaries of individual criminal careers first described in the earlier work and now brought up to date. A second section deals with the responses of offenders to penocorrectional treatment, with emphasis on factors in the family or personal background which seem related to success or failure of response to various forms of extramural and intramural treatment. Here, the authors go into great detail in distinguishing between various forms of treatment, e.g., differences in responses under straight probation and probation with suspended sentences, successes and failures under parole; comparisons between correctional school and reformatory successes and failures, and similar comparisons of prison and jail experiences. A third section is devoted to the prediction of behavior during and following various forms of penal or correctional treatment with elucidation of methods of construction and uses of prognostic tables.

While the bulk of this work, as was true of its predecessors, consists of summaries of masses of data dealt with by the methods of the statistician or actuary, it by no means leaves the reader with the impression that the individual offender gets lost in the shuffle. On the contrary, the general trend of the work is to coördinate and organize information that is quite readily obtainable about any given offender, in such a manner as to enable authorities who must deal with him to compare him with large numbers of similar offenders. Knowledge of successful and unsuccessful methods of dealing with those most like the given offender, based on statistically significant personal-social factors of comparison, enable a more reliable prediction of the probable outcome of the several types of correctional experience from which, according to the law, judges or other authorities may choose to provide. Such prognostic tables may be used without interfering with the application of individual judgment, understanding or experience of the responsible authority.

From the standpoint of the psychiatrist, it is of importance to note that no matter how far the Gluecks may range in seeking an understanding of significant factors in the determination of

criminal behavior and response to treatment, their statistics, as they repeatedly emphasize, bring one back to the problem of biological and constitutional differences, and the intimate interdependence of these and the early social environment in influencing the life-careers of the delinquents studied. Out of their statistics, they arrive at such conclusions as '. . . the differences between the reformed and unreformed are more biologic in character than they are environmental' (p. 133). This is qualified by the comment that 'the biologic differences . . . have to do with the mental and emotional make-up rather than with their physical condition . . .'. A summarizing comment appears on page 285: 'We are thus led to the conclusion that it is not primarily or fundamentally either chance or the fear of punishment, but rather the presence or absence of certain traits and characteristics in the constitution and early environment of the different offenders, which determines their respective responses to the different forms of treatment and determines, also, what such offenders will ultimately become and what will become of them.'

These conclusions of the authors are singled out because they bring us back again to those problems about which the psychiatrist knows something but for which he has as yet no adequate solutions. It is clear from the Gluecks' discussions that thus far the application of psychiatric knowledge, to say nothing of the psychiatrist's actual influence on treatment procedures, has been very meagre in the careers of the offenders studied, although a psychiatrist occasionally had an opportunity to see the individual and render opinions. The Gluecks correctly point out the need for 'new kinds of character therapy'. Further intensive, organized psychiatric studies of criminal characters, in the manner of the brilliant pioneer work of Healy, Alexander and others, are long overdue. The psychiatrist must also go further in his effort to diversify his psychotherapeutic approaches; the total therapeutic needs are broader than those ordinarily encountered in the consultation room and obviously call for the organized efforts of specialists in several fields. The Gluecks are making a substantial contribution toward the development of a scientific criminology, but this will need the implementation of therapeutic techniques, some of which must depend upon the development of our psychotherapeutic skills.

GEORGE J. MOHR (CHICAGO)

NEW HORIZONS IN CRIMINOLOGY. By Harry Elmer Barnes and Negley K. Teeters. New York: Prentice-Hall, Inc., 1943. 1069 pp.

The excellent studies of Harry Elmer Barnes and his colleague, Professor Teeters, in the field of criminology and penology have long been known. Here they have produced a veritable encyclopedia, properly described by them in the preface as 'a comprehensive treatment of crime, criminals, punishment, and prisons'. Against a broad historical background they present the situation of today, always with the emphasis upon the individual offender, the reasons for his behavior and the humane and effective way to make him an orderly member of society. The anachronisms, the persistence of the vengeance motive, the stupidities and barbarities of prison administration, are clearly portrayed. At the same time, however, that which is progressive in the present machinery is not overlooked—as for example, the federal prison system.

Psychiatry is given a prominent place. There are discussions of the development of psychiatry, prison psychoses, the classification clinic, the child guidance clinic, drug addiction, and the psychopathic offender. On psychiatric matters related to courts and disposition, the only omissions this reviewer could find were references to defective delinquent (Massachusetts and New York) and sexual psychopath (California, Illinois, Michigan, and Minnesota) laws and the Uniform Expert Testimony Bill of Harno recommended in 1937 by the Commissioners on Uniform State Laws. The index of names lists fifty-two psychiatrists, ranging in time from Pinel and Ray to Menninger and Zilboorg. As illustrating their viewpoint, the authors quote James V. Bennett, Director of the Federal Bureau of Prisons, as saying '. . . the future of penology may possibly lie not in the hands of the custodial force at all, but in the subtle insights of the analytical psychiatrist' (p. 958).

An extended bibliography is provided for each chapter, and the text is fairly well sprinkled with illustrations. The subject index is well prepared.

The authors have rendered a valuable service to the student of criminology. Any one seriously interested in dealing with criminals, from apprehension through trial to disposition, should have readily available a copy of this book; it is a monumental work, well done.

WINFRED OVERHOLSER (WASHINGTON, D. C.)

THE MARCH OF MEDICINE. The New York Academy of Medicine Lectures to the Laity, No. VIII, 1943. New York: Columbia University Press, 1943. 151 pp.

The eighth volume of this series stresses the application of scientific data to the solution of social problems. Glueck pleads for a more intelligent treatment of criminals. Sir Norman Angell thinks the fundamental issues of the peace problem simple, but fears they will be overlooked. Hume discusses the part medicine plays in war. Alexander shows how aggressiveness may be directed to maintain peace. Myrtle McGraw makes optimistic applications of her knowledge of babies to the progress of society. Robert Williams draws on scientific data to plead for coöperative individualism versus totalitarianism.

Much of the language is still over the heads of most of the laity.

HUGH M. GALBRAITH (OKLAHOMA CITY)

MENTAL HYGIENE—THE PSYCHOLOGY OF PERSONAL ADJUSTMENT. By D. B. Klein. New York: Henry Holt and Co., 1944. 498 pp.

Klein states the purpose of his book is the orientation of the beginning student in psychiatry or clinical psychology and the information of the interested general reader. He has not succeeded well in either aim.

Not only does he present methods of treatment poorly, but even his clinical descriptions of psychoses and psychoneuroses are not clear. Thus, the circular type of manic depressive psychosis is described according to the viewpoint of the older textbooks and is implied to be more common than observed by present-day clinicians. His delineation of hysteria is also outmoded and differs little from his definition of malingering. His presentation of schizophrenia is prolix and lacks vitality; naïvely enough, the disease is described as complex only to the naïve observer. He resurrects the term psychasthenia to include compulsion neurosis, which he fails to recognize as a clinical entity.

Klein's understanding of psychoanalysis is exceedingly superficial. In general he finds its theories untenable, which is not surprising since he shows little understanding of the more important psychoanalytic formulations and their clinical applications. For this reason the book contains little appreciation of the etiological dynamics of the neuroses and psychoses.

MARY O'NEIL HAWKINS (NEW YORK)

NEW GOALS FOR OLD AGE. Edited by George Lawton. New York: Columbia University Press, 1943. 210 pp.

This book is a collection of papers which were originally read in a course entitled Mental Health in Old Age, conducted under the auspices of the Section on the Care of the Aged of the Welfare Council of New York City in 1940–1941. The fourteen contributors, including the editor, George Lawton, represent the fields of medicine, psychiatry, social work occupational therapy and others intimately associated with the care of the aged.

All the authors agree that in this country with the increasing number of people who live to be old, there is great need of more adequate planning for them. The physical and mental handicaps of age are recognized, but the contributors all agree upon the dangers of retirement and the importance to the elderly individual of having regular occupation as long as possible. The advantages and difficulties of home and institutional care are discussed. Emphasis is placed upon the value of occupational therapy in the home as well as in the institution.

This book should be of value to anyone engaged in the care of the aged, or to the individual who finds himself forced to meet the problems of his own increasing years.

RUTH LOVELAND (NEW YORK)

THE AMERICAN WOMAN. The Feminine Side of a Masculine Civilization. By Ernest R. Groves. New York: Emerson Books Inc., 1944. 465 pp.

In this interesting book, the author gives a fairly comprehensive history of the cultural development of the United States with particular emphasis upon the changing status of women which he regards, not as an isolated trend, but as related to the civilization as a whole. He shows how European cultural patterns, brought by the colonists, were gradually modified as this country developed it's own culture.

He discusses the varied opportunities which opened up to women in different sections of the country. Thus, as New England developed industrially, women began to find occupation outside the home; pioneering women of the west always had more freedom; and the position of women in the south was determined

by the special culture of this region which prevented their functioning outside the home.

Women's suffrage is described as an inevitable result of their increased participation in the industrial, economic and educational life of the country. World War I, withdrawing many men, opened greater opportunities for women in business, industry and the professions. During the period of peace these gains were largely maintained and have increased during World War II. The author believes that the position of women is now almost equal to that of men. He shows how the process of improving women's status is still in motion, pointing out that we do not yet know what the final solution will be.

This is a book which would be of value to anyone interested in the road along which women have travelled in reaching their present status.

RUTH LOVELAND (NEW YORK)

THE PSYCHIATRIC NOVELS OF OLIVER WENDELL HOLMES. Abridgement, Introduction and Annotation by Clarence P. Oberndorf, M.D. New York: Columbia University Press, 1943. 268 pp.

Dr. Oberndorf has done an interesting piece of work and one well worth doing. Oliver Wendell Holmes was known as a far-sighted and bold pioneer in many fields. He was also considered a 'wise' physician, a man who understood human nature. In literature he made his mark with his witty essays but his novels have been considered rather tedious and their basic ideas preposterous. It was for this reviewer, therefore, quite an illuminating experience to reread the three novels, Elsie Venner, A Mortal Antipathy and The Guardian Angel in the light of Dr. Oberndorf's observation that Holmes was indeed a pioneer in the field of psychiatry. The novels are replete with examples of Holmes's understanding of unconscious motives and drives, of retreat into a fantasy life, of phobias and the devastating effects of childhood experiences on the adult life of an individual. Elsie Venner is a brilliant study of a schizophrenic girl, A Mortal Antipathy a portrait of a severe phobia, and The Guardian Angel a study of multiple personality. In each of these three novels there is also an interesting picture of transference therapy.

Dr. Oberndorf has written an illuminating general introduction to the novels (which are presented in a somewhat condensed form)

and excellent brief forewords to each of them in which he calls attention to the material which is interesting from a psychiatric viewpoint. The body of the work is heavily annotated. A more homogeneous and striking picture would have been achieved had all the very interesting comments and deductions been included in the foreword to each novel.

One error has crept into the main introduction—surely through oversight—in the statement that Professor Freud's Introductory Lectures were given in the United States. Freud did give lectures at Worcester in 1909 but his well-known Introductory Lectures were delivered at the University of Vienna in 1915–1917.

Dr. Oberndorf is to be congratulated on calling the attention of psychiatrists and the lay public to the hitherto unnoticed psychological understanding of one of our famous doctors.

SUSANNA S. HAIGH (NEW YORK)

WILLIAM JAMES. His Marginalia, Personality and Contributions. By A. A. Roback. Cambridge: Sci-art Publishers, 1942. 336 pp.

The title of the book is simply William James, but the subtitle, His Marginalia, Personality and Contributions, gives us a much better picture of what is actually to be found in it. The author has concerned himself with certain peripheral problems of James's life and personality. The material is presented in an intimate and generally pleasing style.

First we have a glimpse into James's library to which Roback had access in 1923 when he was preparing a study of William James. We are shown some of James's peculiar interests and unorthodox attitudes as expressed in the markings and marginalia of his own books. We also see something of the character of James as expressed in the ordering of his books, in the books he read, in the pages which he left uncut and in the books which he left unread or for which he had particular aversions.

These marginalia, some letters and family memories are expanded into chapters dealing with James's intellectual attractions and repulsions—the emotional acceptance and rejection of men and intellectual currents—with James and Freud, with William James as spiritualist, with James's political and economic ideology, and with James as an internationalist.

The author's personal interests and highly Robackian psychology obtrude themselves in a chapter offering a graphological analysis of James's handwriting. The author admits its lack of value in giving new insight into James since it was done *a posteriori,* but he defends the analysis on the grounds that it is offered in the interest of graphology as a method.

There are numerous passages in which the author's concern with the 'Jewish question' leads to rather gratuitous guessings and interpretations of James's attitudes in the past, of speculations as to what his attitudes would have been today, and of forecasts as to where he would stand tomorrow on racial, economic, and political matters.

The summary 'psychograph' of James's personality is an interesting attempt at an intuitive estimation. However, the portrait is a static one, an attempt to estimate certain assumed personality factors in a scalar manner. The particular factors used are those developed by Roback for his own use and are perhaps closer to McDougall's analysis of personality and character than to those of any other psychologist.

The book is an addition to the various volumes memorializing the centenary, in 1942, of the birth of William James.

FLETCHER MC CORD (LAWRENCE, KANSAS)

ABSTRACTS

The Psychoanalytic Insight of Nathaniel Hawthorne. C. P. Oberndorf. Psa. Rev., XXIX, 1942, pp. 373–385.

The author describes Hawthorne's morbid hereditary background, his neurotic symptoms and his character difficulties. He presents many examples of Hawthorne's ability to accurately portray the psychological conflicts in the neurotic. Furthermore, by means of his character, Dr. Roger Chillingsworth in the Scarlet Letter, Hawthorne demonstrates his exceptional and uncanny insight into the technical problems of the psychotherapist.

RALPH R. GREENSON

The Concept of Masochism. Bernhard Berliner. Psa. Rev., XXIX, 1942, pp. 386–400.

A biography of Sacher-Masoch is given and the literature reviewed from Krafft-Ebing through Freud, in an effort to answer the questions: (1) Is pain the real end, or what is the source of gratification in masochism? (2) Why is the same name, 'masochism', given to the comparatively rare sexual perversion and to the very common, apparently non-sexual, moral masochism?

Berliner concludes: (1) The suffering is not an end in itself but is merely the price paid for gratification of the masochist's infantile desires due to pregenital fixation on blows from a love object. (2) The sexual perversion is a genitalized moral masochism.

DORA FISHBACK

Mania and the Moon. Douglas McG. Kelly. Psa. Rev., XXIX, 1942, pp. 406–426.

In the first part of this paper, Kelly reports pseudo-scientific fantasies which he does not exactly endorse. At the same time he gives one the impression that he does not completely reject them either. We are told, following Bellamy, about a moonless age during which the civilization of Atlantis, Lemuria and the Mediterranean Basin flourished; Ward, in what the author calls 'an interesting study', correlated sexual periodic activity in 'blond and brunette races' with phases of the moon and believed that for a blond race the period of increased sexual activity is the full moon, for the brunette race the new moon. Besides reporting these 'curiosa' the author has also a very meager collection of folklore data on lunar sympathy and related subjects. The final conclusion is that the moon is an 'ambivalent symbol for good or evil'.

The reviewer got the impression that the author did not even read the basic literature about the folklore of the moon.[1]

GÉZA RÓHEIM

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[1]As for instance: Frazer, J. G.: Adonis, Attis, Osiris. (*The Golden Bough*, Part IV) Chapter VIII, Osiris and the Moon, and Chapter IX, the Doctrine of Lunar Sympathy. Briffault: *The Mothers.* Vol. II, pp. 572–640; Roer, W. H. R.: *Selene und Verwandtes;* Róheim: *Mondmythologie und Mondreligion.*

The Universality of Symbols. A. A. Brill. Psa. Rev., XXX, 1943, pp. 1–18.

In this paper Brill presents only a part of the tremendous clinical material he has collected on the subject of symbols. He reviews briefly the theory of Jung, Freud and Jones on the subject. He discusses mainly two symbols, namely, that of the peacock and that of the riderless horse and adds valuable material concerning man's relationship to domestic animals in general. He demonstrates the theory that symbols are independent of cultural milieu (the same symbol for the same problem in dreams of a Southern woman and an Indian Maharanee) and of historical period (same symbol in Greek mythology and modern folklore). The myths of Centaur, Pan and Satyrs are compared with the modern Kuno-Andros fable. Various expressions in present day language referring to animals prove the persistence of the symbolic value of animals, especially the dog, in our culture. In view of the appearance of symbols in all forms of unconscious imaginations in all people and at all times 'there is no gap between phylogeny and ontogeny'. The author confirms Bleuler's opinion that only schizophrenic patients are able to interpret their own symbols correctly. However, the reviewer is of the opinion that it is not the mere ability of correct interpretation, but the degree of cathexis of symbols and their context in the personality structure which indicate whether a schizophrenic psychosis or psychological intuition underlies a person's insight into his own symbolic ideation.

KURT R. EISSLER.

On a Predictable Mechanism. Edmund Bergler. Psa. Rev., XXX, 1943, pp. 19–32.

The author describes a type of dream occurring in the beginning of psychoanalysis in which the patient refutes the condemnation of the superego mobilized by the interpretation of unconscious infantile desires. The author quotes several of such dreams which have the tendency to discourage the analyst, as if he were on the wrong track with his interpretations which undermine the patient's defenses. In predicting this mechanism of defense to the patient, the analyst enables the patient to check the veracity of the analytic method in the initial phase of analysis. In this phase the patient is not yet tied by transference nor has he any evidence for the correctness of psychoanalytic interpretations. Finding the analysts prediction verified may prevent the patient breaking off analysis during the initial impact of resistance.

EDITH WEIGERT

The Divine Comedy of Dante. Lewis R. Wolberg. Psa. Rev., XXX, 1943, pp. 33–46.

The author draws his conclusions from a comparison and compilation of Dante's *Divina Commedia* and *Vita Nuova*. He finds that the œdipus conflict is the basis of Dante's *Divina Commedia*. After experiencing the tortures of the *'Inferno'* and *'Purgatorio'* through identification with the condemned and suffering souls—an experience which has for Dante the significance of castration—he attains the heavenly Paradise where his mother symbol, Beatrice, resides. Virgil, who accompanies Dante through the horrible experiences, is recognizable

as a father representative. The author recognizes strong oral tendencies in Dante which are expressed through oral dependence and fears.

RICHARD STERBA

Regarding Freud's Book on Moses. A Religio-Psychoanalytical Study. Lydia Oehlschlegel. Psa. Rev., XXX, 1943, pp. 67–77.

Freud's Moses, according to the author, was a product of a wish to consider Moses an Egyptian. Freud 'obviously resented the fact that Moses was a Jew'.

'Freud's book on Moses represents an unconscious attempt on his part to resolve his own religio-racial conflict, an attempt to rationalize his rejection of religion and to compensate his feeling of racial inferiority. . . . Freud's unconscious ultimate aim was to establish the point: "If Moses, my prototype, was not a Jew, then neither am I one".'

The author offers her interpretation of Freud's scientific attempt as a simple statement, without even trying to prove her point. Her obvious intention is to defend the indisputable truth in the stories of the Bible.

This paper shows the danger which lies in the use of 'wild psychoanalysis' as a weapon against a scientific opponent.

HENRY LOWENFELD

A Psychosomatic Study of *Maladie des Tics* (Gilles de la Tourette's Disease). Margaret Schoenberger Mahler and Leo Rangell. Psychiatric Quarterly, XVII, 1943, pp. 579–604.

This paper is a study of a case of *maladie des tics* or Gilles de la Tourette's disease in an eleven-year-old boy of the Froehlich type. In addition to his constitutional or neurophysiological inferiority, the boy was burdened with intense emotional strain in his family environment. His mother compensated for her original aversion against him with overprotectiveness. When the boy was three months old his father became physically incapacitated, and the patient had to share a bed with an eight-year-older brother whom he admired and envied intensely. His symptoms—involuntary tics, echolalia, echokinesia and uncontrollable inarticulate expressions of dysfunction of the system of expressional motility—developed at the age of seven. Mental coprolalia reflected the patient's conflict between sadistic impulses and their repression. Thirty months of intensive psychotherapy have ameliorated the patient's condition without fundamentally changing it. The authors assume that the organic basis of this 'incontinence of emotions' makes the condition only partly accessible to psychotherapy. They think there is a possibility that the tics are epileptic equivalents.

EDITH WEIGERT

On the Relation of Hearing to Space and Motion. Marianne Wallenberg. Psychiatric Quarterly, XVII, 1943, pp. 663–671.

The thesis of this interesting paper is that the frequent occurrence of psychoses in deaf people is due to the circumstance that impressions about objects moving in space are lost along with auditory perceptions. The diminished perception of motion in the objective world hampers the development of basic identifications with this world, necessary for normal object relationships.

OTTO FENICHEL

Logorrhœa. Edmund Bergler. Psychiatric Quarterly, XVIII, 1944, pp. 26–42.

The symptom of logorrhœa may be determined in various ways. The patient may simply enjoy his chattering like a little child. On the oral level, logorrhœa may represent the 'mechanism of orality', previously described by Bergler, which is a sequence of unconscious provocation of a refusal followed by a feeling of being unjustly treated coupled with desire for revenge and self-pity. Another oral form of logorrhœa is scoptophilia. Garrulous persons collect material, discuss and try to decipher endlessly the secrets of others. The symptom may also mean: 'I am not a peeping Tom, I am an exhibitionist'. In obsessional persons, words may have an anal (flatus) connotation, which may also be displayed in a hypochondriac indulgence in the most minute description of symptoms. The hysteric form of logorrhœa may be a vehicle for expressing various identifications, or it may repeat the situation of disturbing the parents, or it may be a defense against a homosexual desire or against the accusation of passivity. A specific type of logorrhœic boasting in men means the demonstration of the penis and is found in men who suffer from the complex of the small penis. A person who is burdened with keeping a secret may use logorrhœa with regard to other topics as a release.

BERNHARD BERLINER

***Folie à Trois*—Psychosis of Association.** S. R. Kesselman. Psychiatric Quarterly, XVIII, 1944, pp. 138–153.

The author describes a *folie à trois* involving three related colored people—mother, daughter and son-in-law—all three being diagnosed as dementia præcox paranoid type. The delusional system in which the three participate has a grandiose, religious character built on hallucinatory experiences of the daughter, the primary agent, who herself assumes the rôle of the 'Messenger of God' and attributes to her mother the rôle of the 'Keeper' and to her husband the rôle of the 'Power and Strength'. Mother and husband, though themselves not hallucinating, submit to the ascetic, religious ritual induced by the hallucinations of the primary agent, who is the youngest of the three. Husband and mother both have a positive blood Wassermann, but a negative spinal fluid Wassermann. In the family history dynamic important experiences of shame are noted: an incestuous relation between the patient, who is the primary agent, at the age of twelve with her father, and a sexual relation between her husband and her sister which produced an illegitimate son.

The author refers to several cases of multiple psychosis, *folie à deux, à trois, à cinq,* in the psychiatric literature and he compares the multiple psychosis with the spreading of religious beliefs and its illusionary, alleviating effects on poverty stricken and oppressed populations.

EDITH WEIGERT

Forensic Issues in the Neuroses of War. A. Kardiner. Amer. J. of Psychiatry, XCIX, 1943, pp. 654–661.

Out of his extensive experiences with neuroses arising from the last world war, Kardiner devaluates the concept of any specific war neurosis. What occurs is a traumatic syndrome with four main clinical types consisting of defensive

rituals, autonomic disturbances, sensory-motor disturbances, and syncopal episodes. In addition there are characteristics common to all cases consisting of a characteristic dream life, changes in disposition and character of the patients, typical inhibitions and a typical Rorschach picture. The theory that the pathology is an inhibition of the apparatus for action with an attempt to adapt with shrunken resources, is not elaborated in this paper.

The incapacity to resume work is one of the most serious consequences. The income type of compensation delays recovery. The prophylactic value of high morale is stressed. Early treatment of all cases is recommended to prevent the neurosis from 'hardening'.

NORMAN REIDER

Studies of the Relationship Between Emotional Factors and Rheumatoid Arthritis. Ralph M. Patterson, James B. Craig, Raymond W. Waggoner, and Richard Freyberg. Amer. J. of Psychiatry, XCIX, 1943, pp. 775–781.

In 1930 Wright and Pemberton demonstrated that the initial skin temperature in arthritics was lower than that of the average subject and that it was less responsive to changes in the environmental temperature. The authors concluded that there must be a disturbance of capillary flow, presumably on a vasomotor basis, the arthritic individual being less labile in adaptation than the nonarthritic.

Mittelmann and Wolff were able to demonstrate a definite drop in skin temperature under experimentally induced emotional stress. In view of their findings and the above reported changes in capillary flow, it seemed advisable to consider the possibility of emotional stress action in arthritis through a disturbance in circulation. Skin temperature studies seemed to offer a means of approach to this problem.

Twenty-five rheumatoid arthritics and twenty-five control patients were subjected to studies of skin temperature changes under induced emotional stress. Suggestive but inconclusive differences were noted. Emotional stress was found to produce a drop in skin temperature indicative of changes in circulation. The importance of such a mechanism in the development of arthritis could not be conclusively evaluated but its influence appeared to be greater in producing exacerbations or in affecting the course of the illness.

J. KASANIN

A Symposium on Military Psychiatry. Amer. J. of Psychiatry, C, 1943, pp. 11–142.

Military Psychiatry. Foreword. Norman T. Kirk.

The Function of Neuropsychiatry in the Army. Roy D. Halloran and Malcolm J. Farrell.

Psychiatry in the Army Air Forces. John M. Murray.

The School of Military Neuropsychiatry. William C. Porter.

Major Psychiatric Considerations in a Service Command. Franklin G. Ebaugh.

The Services of the Military Mental Hygiene Unit. Harry L. Freedman.

Replacement Training Center Consultation Service. Bernard A. Cruvant.

Neuropsychiatry in a Staging Area. Louis S. Lipschutz.

Panic States and Their Treatment. Henry W. Brosin.

Mental Hygiene for the Trainee. R. Robert Cohen.
Psychiatry and the United States Navy. Foreword. Ross T. McIntire.
Some Aspects of Psychiatry in the Training Station. Leon J. Saul.
Recent Developments in Selection of Candidates for Aviation Training. Wilbur E. Kellum.
Psychiatry as Seen in the Advanced Mobile Base Hospitals. Howard P. Rome.
Psychiatric Observations of Senior Medical Officer on Board Aircraft Carrier U.S.S. Wasp During Action in Combat Areas, at Time of Torpedoing, and Survivors' Reaction. B. W. Hogan.
Neuroses Resulting from Combat. E. Rogers Smith.
Psychiatric Diagnosis of Subdural Hematoma and Effusion from Blast. Walter D. Abbott, Floyd O. Due and William A. Nosik.
A Practical Red Cross Program for the Social Rehabilitation of Psychiatric Casualties in the United States Navy. Margaret Hagan and Addison M. Duval.
Traumatic Neuroses in Merchant Seamen. Foreword. Thomas Parran.
Statistical Analysis of Traumatic War Neurosis in Merchant Seamen. William A. Bellamy.
The Physical and Psychological Aspects of Environment Essential to the Treatment of Traumatic Neuroses of War. Howard W. Potter.
Psychopathology of the Traumatic War Neuroses. Paul H. Hoch.
A System of Combined Individual and Group Therapy as Used in the Medical Program for Merchant Seamen. Stephen Sherman.
Personal and Morale Factors in the Etiology and Prevention of Traumatic War Neurosis in Merchant Seamen. Daniel Blain.
Psychiatry in the Canadian Army. J. D. M. Griffin, D. G. McKerracher and F. S. Lawson.

The above named papers were given at the very impressive symposium of the American Psychiatric Association at its 1943 meeting in Detroit. The symposium opens up with the foreword by the President of the American Psychiatric Association, Dr. Arthur H. Ruggles, in which he states that the symposium was arranged so as to give the opportunity for exchange of ideas and opinions to all psychiatrists in the armed forces of the nation. In fact, the whole volume is dedicated to all those serving with the armed forces in World War II.

Halloran and Farrell, in their article on the function of neuropsychiatry, give statistical information about morbidity in the army due to neuropsychiatric disturbances. They point out that throughout the country seven to eight per cent of all men reporting for induction are suffering from neuroses. They comprise about one-third of all rejections in the induction centres. The authors make a very important observation: that no new mental disturbances have been observed in the army. About one-third of all medical discharges from the army are neuropsychiatric; the commonest types of mental disturbances in the army are as follows: (1) anxiety states; (2) conversion hysteria; (3) reactive depressions. The problem of therapy in the army is discussed by the authors and they state that the army is primarily a healthy and effective fighting force and for this reason cannot take care of too many neurotic people.

The death of Colonel Roy Halloran, the Consultant Psychiatrist to the U. S. Army, was a great loss since it is to him that we owe the excellent organization of effective psychiatric work in our armed forces.

Major John M. Murray writes about psychiatry in the Army Air Forces. He discusses psychiatric work as a consultation service for young candidates and the psychiatric work for special training units. The neuroses of army flyers are divided into two groups. The first group is typical of the neurotic illnesses one encounters in civilian life. The other type of neurotic reaction is known by a variety of names—'flying fatigue', 'flying stress', 'fatigue syndrome', etc. These are due to the failure to master continuous repression of anxiety in connection with flying.

Colonel William C. Porter describes the military school of neuropsychiatry. It is to the credit of the army that a special school for young psychiatrists has been established. The school was at first located at Lawson General Hospital but later was transferred to the government hospital at Long Island where casualties are received from the European theatre of operation. It is amazing how much good dynamic psychiatry the men are taught in intensive courses which last only four weeks. It is interesting that Colonel M. Kaufman, who was teaching psychiatry there, is well known to analysts as the Vice President of the American Psychoanalytic Association. One can be greatly encouraged by the attitude of army psychiatry to psychoanalysis. Apparently there is some recognition and understanding of the specific contributions which analysis can make to the treatment of neuroses and the understanding of the psychoses.

Colonel Franklin G. Ebaugh describes in detail the work of the psychiatrist in the replacement training centers. This is a demonstration of the extreme importance of preventive work that can be done by the army itself on a sound constructive basis. An altogether different approach is made to the problems of neuroses which arise in the reception centers and in the replacement training centers. Instead of seeing the patients in a hospital, the psychiatrists are attached to Headquarters as consultants in referred cases. In this way, cases are discovered long before hospitalization becomes necessary. Ebaugh suggests ways in which the service could be improved. In the first place he recommends more careful induction examinations. He feels that the best qualified medical officers should be assigned to the general hospitals so that they might train less skilled men and the younger physicians interested in psychiatry. He suggests the rotation of internists through neuropsychiatric services. He feels that the psychiatrist in the army should have auxiliary aides such as he has in civilian life. These would comprise psychiatric social workers, clinical psychologists, etc.

Major Harry L. Freedman describes a unique organization of a mental hygiene unit in a training center. The important thing is that the psychiatrist in charge of the hospital hygiene unit is attached to headquarters as a member of the Commanding General's staff. In this way he can help the individual soldier in finding the best possible place for his services. The most important educational value lies in the fact that line officers become educated in the methods of psychiatry and at the same time, psychiatrists learn to present their complicated material in lay language. The effectiveness of the service can be seen by the fact that out of one thousand eighty-

nine men, eighty per cent were able to continue their service in the training center area.

Major Bernard A. Cruvant, who describes similar work in Virginia, expresses the same ideas as Freedman and stresses the harm of hospitalization of mildly neurotic patients, thus fixing the neurosis. Treatment should be as close as possible to the point of origin.

Major Louis S. Lipschutz describes psychiatry in 'staging areas'. These are areas in which troops are assembled immediately prior to embarkation. Staging areas are also 'stress areas'. The troops there are seized with the imminence of embarkation. Obviously, under such conditions there is a great secondary gain in neurotic symptoms. Major Lipschutz again stresses the danger of hospitalization and the extremely helpful service that a psychiatrist can perform in out-patient therapy. He also points out that the better the morale the fewer the neurotic problems and that psychiatric casualties decline with length of service. He stresses the importance of establishing the diagnosis of psychoneurosis by positive rather than negative evidence. He points out that military psychiatry is frequently better understood by the line officer than by the medical officer who frequently carries over from civilian practice the tendency to think in terms of pathology in all individuals. A good line officer is primarily a personnel man and thinks in terms of personality and its problems.

Major Henry W. Brosin describes panic states in the army. He states that they are not uncommon and are usually found in the mentally deficient, the emotionally unstable or immature, and the maladjusted.

Major R. Robert Cohen describes a remarkable experiment in his article on mental hygiene for the trainee. One company of trainees was given mental hygiene talks by the psychiatrist and every effort was made to adjust the soldier to the army. The control company received no such preparation. In the first company there were fewer neuroses and most important, less sick calls than in the control company.

A series of articles follow on psychiatry in the United States Navy with a foreword by Surgeon General, U.S.N., Admiral Ross T. McIntire.

Commander B. W. Hogan gives a vivid description of the reaction of the naval personnel when the plane carrier Wasp was torpedoed: in spite of the great danger involved there was no panic and morale was excellent. A questionnaire of survivors showed that thirty-eight per cent felt calm, thirty-three per cent were nervous, nine per cent felt marked anxiety, twenty per cent no report.

Lt. Commander E. Rogers Smith discusses in detail the terrific stress to which members of the Marine Corps were subjected at Guadalcanal. He states that no group of men had been so tormented physically and psychologically. The Japanese were extraordinarily competent in understanding our psychology and weaknesses on which they played unmercifully. The physical strain alone was terrific. The loss in weight of the men ran as high as forty-five pounds. The stress lasted not days or weeks but months.

'To all of us the similarity of complaints, symptoms and objective findings is almost beyond understanding. In this group we have all types of physiques,

mentalities, emotional environment, and educational types—and yet clinically they were all the same individual, with identical complaints and symptoms. Intellectually, these men are normal. Emotionally they were tremendously unstable—showing unbelievable neuromuscular tension, frequently close to tears or very short tempered. A mild reprimand might produce some sort of an outburst or an AWOL. And fear that they would be thought "yellow" was universal. They feel that they are cowards, and envy those who have a leg shot off, or have a visible wound which is a badge of honor. Their wounds are wounds of fright and tears. We found one of our first duties to these newly arrived patients was to endeavor to relieve them of this thought of cowardice and it was pathetic to see how grateful they were, when told that no one could ever consider them cowards. They soon found that they could not tolerate alcohol. Men that formerly were proud of their ability to carry their liquor promptly found that a couple of short beers would make them cry like babies or want to fight every one in sight.

'From the Southwest Pacific, we see two distinct types of cases roughly called psychoneurosis; the one, dull, apathetic intellectually obtunded, showing the typically accepted picture of mild but definite organic pathology. The other, and far more numerous group, is the one I have attempted to describe, the real neurosis, the anxious, tense, hypersensitive, explosive, fatigued man who shows no residuals of trauma, who is not now in any sense the picture of the organic disturbance of the central nervous system.'

Although most of the articles deal with the functional neuroses in the army, there are several important papers on organic injuries. One very important communication is by Abbott, Due and Nosik. These authors were able to diagnose a large number of occult subdural hemorrhages by neurological examination combined with psychiatric study. Such cases usually have very few neurological signs and diagnosis was usually made on a basis of marked personality changes and the findings of the Rorschach Test and the Shipley-Hartford Scale. The study shows the fine correlation of neurology, good clinical psychiatry and psychology in recognizing such cases.

There is a series of papers on shipwrecked Merchant Seamen by Potter, Sherman, Blain and Bellamy. It is interesting that these studies are being done at special rest homes which have been established on the Atlantic and Pacific Coasts. The seamen seem to develop neuroses usually not at a time when they are shipwrecked but after they have been rescued and brought ashore. It is also interesting that the majority of the seamen insist on leaving the rest homes to go back to sea.

Group therapy of neuroses in an army hospital is described by Margaret Hagan, social worker, and Dr. Addison M. Duval.

The last paper describes psychiatric work in the Canadian Army, with a careful description of the procedures used by the psychiatrists and their assistants.

This is an extremely valuable symposium in that it shows how dynamic psychiatry can be used even under the most rigid conditions. The presence of psychiatrists in various training units, replacement centers and staging areas, as well as later on in various orienting capacities, demonstrates that in

spite of the large number of neuroses that have developed in the armed forces, methods are continually being developed for the treatment of such cases.

JACOB KASANIN

Penis Envy in Women. Clara Thompson. Psychiatry, VI, 1943, pp. 123–125.

Clara Thompson summarizes her point of view concerning penis envy: cultural factors can explain the fact that women feel inferior about their sex and have a consequent tendency to envy men; envy of social superiority is masked as envy of sexual superiority. Furthermore, the clinical picture of penis envy has little to do with sexual life.

MARTIN GROTJAHN

The Transference Phenomenon in Psychoanalytic Therapy. Janet MacKenzie Rioch. Psychiatry, VI, 1943, pp. 147–157.

After giving a clear description of Freud's views on the transference phenomenon, the author states: 'Although not agreeing with the view of Freud that human behavior depends ultimately on the biological sexual drives, I believe that it would be a mistake to deny the value and importance of his formulations regarding transference phenomena.' Dr. Rioch's disagreements with Freud's opinions do not become very clear; in any case they are based on false suppositions. For instance, the author says: 'The therapeutic aim in this process is not to uncover childhood memories which will then lend themselves to analytic interpretation. Here, I think, is an important difference to Freud's view.' She obviously implies that Freud's idea of psychoanalysis was a kind of hunting for lost childhood memories per se. In this way it is easy (1) to 'disagree' with Freud, (2) to 'improve' and 'correct' his hypotheses. Another example, in the last paragraph of her paper, may be quoted: 'The process of analysis however, as an interpersonal experience, has a definite end. That end is achieved when the patient has rediscovered his own self as an actively and independently functioning entity.' The implication here is that Freud did not know what he was talking about when he discussed Analysis, Terminable or Interminable.

MARTIN GROTJAHN

Psychoanalytic Psychotherapy with Psychotics. The Influence of the Modifications in Technique on Present Trends in Psychoanalysis. Frieda Fromm-Reichmann. Psychiatry, VI, 1943, pp. 277–279.

Changes in several of the requirements of classical psychoanalysis become necessary in psychoanalytic therapy with psychotic patients. The 'couch-regulation' is neither understood nor followed by the psychotic patient. The classical 'Victrola-Record' attitude of the analyst does not meet the therapeutic needs in psychoses. It is quite unnecessary to encourage psychotics to associate freely, since it is possible to proceed quickly towards the same goal by an unconventional direct questioning. Many psychotic patients understand their production far more clearly than the psychoanalyst, therefore interpretations should be given cautiously and sparingly. The pathogenic problems and

repressed contents are neither all sexual in nature, nor are they all due to hostility. 'Acting out' is often a necessary preliminary for the psychotic's treatment. The problem of transference and countertransference is mentioned in a short paragraph only: 'Success or failure in treatment may therefore depend on the psychoanalyst's ability to convey convincingly yet with little verbalization his interest in his patient's growth.'

MARTIN GROTJAHN

Present Trends in Psychoanalytic Theory and Practice: Contributions to a Symposium, By Gregory Zilboorg, Robert Waelder and Karl A. Menninger. Bulletin of the Menninger Clinic, VIII, 1944, pp. 3–17.

Gregory Zilboorg believes that psychoanalysis is going through a critical period as a result of the interplay of many definite dynamic forces. He points out that the world crisis brought economic, racial, sociological, political and military issues to the forefront and placed the psychoanalysts in the position of having to become practical sociologists, philosophers, and ethnologists, all of which they are not—as yet. Zilboorg shows how the great involuntary migrations of men of science created more difficulties for the psychoanalyst than in other scientific fields. The profound cultural differences in tradition, custom, language and affective imagery cannot be forcibly ingested and assimilated in a single decade. Furthermore, the author points out that the psychoanalyst was born in an atmosphere of individual therapy; and in times of turmoil the individual seems to lose his immediate direct psychosocial value. The psychoanalyst must either isolate himself from reality or bow to the unreasonable demands of the historical crisis. As a result many will and must succumb to a variety of expediencies, compromises and/or passionate rationalizations.

Zilboorg stresses that many conflicting trends in psychoanalytic circles are various facets of the cultural crisis in which we are all engulfed. He believes that psychoanalysis must eventually decide whether or not it intends to deal with economic sociological and political situations. He considers the recent many rejections of the fundamental postulates of psychoanalysis, a manifestation of disappointment and resentment that came to the psychoanalyst when he found that psychoanalysts could not solve all the world's crying problems.

Robert Waelder believes that the variety of schools of thought and the many unsettled controversies in psychoanalysis is due to the fact that psychoanalysis deals with a highly charged emotional subject matter and experimental control is very difficult, if not impossible. He then shows how Jung, Adler and Rank all chose a specialized aspect of one of Freud's postulates. Waelder believes that the early fundamental concepts of psychoanalysis were not sufficient for the complete understanding and treatment of the neuroses and thus in the last twenty years the psychoanalyst has searched for new answers which in time led to three very clearly definable schools of thought.

One group of analysts began to emphasize the deeper penetration into the unconscious and the past. Karl Abraham began this trend and the British school have come to the point where they maintain that neuroses are conceived in the 'prehistoric' quasi-psychotic condition of the first year of life.

The Horney school stresses the present day cultural restrictions and insecurity. They overemphasize the methods utilized by the ego in coping with external problems; and underemphasize the unconscious and the past. The third 'group' believe that instinct psychology has to be supplemented with an ego psychology. They stress the interrelationship of the ego to the outer world and to the instincts. Waelder then points out very clearly the 'freudian position' in regards to these various trends.

Karl Menninger stresses the fact that although inductive and deductive thinking can be and must be combined, scientists tend to become predominantly one or the other and are thus limited in their efficiency. He believes further that it is very vital for us to revise the nomenclature and terminology of psychiatric and psychoanalytic nosologies. Finally Menninger emphasizes the need for psychiatric counsel in the postwar world in order to lead in the many necessary revisions and re-evaluations in our way of life.

RALPH R. GREENSON

Psychosomatic Medicine: A Historical Perspective. Gregory Zilboorg. Psychosomatic Med., VI, 1944, pp. 3–6.

The problem of the relationship between body and soul is almost as old as human thought, at any rate as old as medicine itself. From Aristotle to Julian Huxley, medical science and biology have been struggling to find an integrative formula. Those concerned with the problems of modern psychosomatic medicine owe a great deal to Christian Friedrich Nasse (1778–1851) and his contemporary and friend, Jacobi (1775–1858).

MARTIN GROTJAHN

Cardiospasm: A Psychosomatic Disorder. Edward Weiss. Psychosomatic Med., VI, 1944, pp. 58–70.

Nine cases of cardiospasm permitted a detailed psychosomatic study. The superficial meaning of the syndrome may be stated in such a simple formula as: 'I cannot swallow that situation'. On a somewhat deeper level, the disorder represents an aggressive desire to incorporate some object with resulting spasm or inability to relax the esophagus.

MARTIN GROTJAHN

Accident Proneness. Arnold J. Rawson. Psychosomatic Med., VI, 1944, pp. 88–94.

Statistics and an excellent review of the literature are presented to show that 'accident proneness' is a definite nosological entity. The attempts of Dunbar and others to explain this proneness on the basis of a traumatophilic diathesis has led to some strongly suggestive results. Accident-prone individuals tend to respond to stimuli by action rather than by thought and brooding; they are always in a hurry and they love powerful machinery. They try to avoid compulsion both in the form of authority and in the form of responsibility.

MARTIN GROTJAHN

Platonic Love. Hans Kelsen. Amer. Imago, III, 1942, pp. 1–110.

Kelsen gives a detailed description of Plato's philosophical development through the various stages of his life. Plato's philosophy is rooted in personal experience. Eros and an unsuppressible will to power over men are the affects which shake his soul and form his concepts. 'In consequence the supreme problem became for him that of the Good: justice which is the unique justification for dominance of man over man. . . .' Without comprehending the peculiarity of the Platonic Eros, the homosexual Eros, neither the man nor his work can be understood.

Little is known about Plato's life. There are proofs of his admiration for father and uncle, no traces of the relationship to his mother who, after the father's death, married a politician. Plato, speaking of the crimes a man may commit, mentions as the first 'incest with his mother or any other unnatural union'.

Plato's attitude towards women, according to Kelsen, is that he sees in the masculine principle the good, in the feminine the evil. In Plato's mythical paradise of the Statesman it is evident that women were superfluous: propagation took place without them.

Plato's love means love of youth. In Phaedrus, the Eros which the sight of a beautiful youth awakens is interpreted as a reminiscence of the vision of absolute beauty in the beyond. In all these descriptions of love Plato maintains that sexual gratification is renounced; the struggle between moral sentiments and the sensual desires is pictured again and again.

Kelsen maintains that Plato was impelled to sublimate his Eros primarily because it was in conflict with the views of Athenian society. The belief that pederasty was a widespread practice in Athens is incorrect; it was, on the contrary, considered a grave danger for the youth and was morally condemned.

While most of the men with homosexual inclinations, like Socrates, were bisexual and had wives and children, Plato himself was entirely homosexual; he never thought of founding a family and therefore stood in deep conflict with society. That is the Eros which threatens to become his tyrant and 'against which Plato is not able to defend his soul except by the rigorous ideal of chastity'. Thus Socrates became his ideal, and the death of Socrates the most shattering experience of Plato's life. It disrupted his ties to society and led to a deeply pessimistic attitude towards the world. Plato's doctrine of Ideas developed from this experience: 'the contrast between the eternally unalterable invisible idea and the constantly changing particular things perceptible to the senses', the contrast between the soul and the body, good and evil.

In his later development (in his Symposium), Plato succeeds in overcoming his pessimistic flight from life and in accepting his erotic nature. Here he tries to put forward the socially desirable function of this Eros which is capable of being raised above the merely sensual towards a more spiritual form. The homosexual is predestined for the life of a statesman. Plato places 'procreation in body' beside "procreation in soul', thus justifying the aim of homosexual love. As love between man and woman leads to the generation of material

children, so love of man for man leads to the procreation of spiritual children, of immortal works.

This turn in Plato's philosophy brings him back to the world and directs him again towards state and society.

The remaining part of Kelsen's paper is devoted to the will to power over men in Plato's life and the inner connection between this will and the Platonic Eros, between his pedagogic-political and his erotic passion.

Kelsen bases his conclusions on a thorough study of Plato's works, giving a wealth of quotations to support his theses. The paper is interesting not only because of the light it casts on Plato's life and philosophy, but also as a study of the problem of sublimation and as an example of the interrelationship of emotional experience and ideological concepts.

HENRY LOWENFELD

A Note on Conchology. Merrill Moore. Amer. Imago, III, 1942, Nos. 1–2.

Moore's hobby is shell collecting. About the purpose of this paper he writes: 'What I meant to do . . . was to answer . . . the question: Why do I like shells? I have used a mixture of free association and general recollection.'

His interest goes back to the shells which he received in early childhood as a present from his father. According to Moore the essential charm of the shells lies in the opportunity they give for daydreams and libidinous satisfactions which would otherwise be prohibited.

OTTO FENICHEL

Telepathic Dreams. Nandor Fodor. Amer. Imago, III, 1942, pp. 61–84.

Fodor compiles a number of dreams in which apparently telepathic elements may be considered as source of the dream elements. 'The telepathic message plays the same rôle as any other residue of the waking life, to be altered by the dream work, and to suit its own purpose.' He adds: 'In some rare cases, the telepathic influence becomes so overwhelming that the freedom of personal dream work is curtailed.' The author uses coincidences of details in his own dreams with details in the dreams of his wife or his daughter, or in dreams of his patients. Some of the examples are, it is true, very astonishing; others are less impressive because of the possibility of day residues or of common knowledge. Not one of the examples may be looked upon as full proof. The last example remains especially problematic: a friend of Fodor's tried the 'experiment' of making himself noticeable to him in dreams by telepathy, without Fodor's knowledge. Instead of Fodor, a patient of his produced a dream which seemed to correspond to the 'message'.

OTTO FENICHEL

Masochistic Motivations in Criminal Behavior. Philip Q. Roche. J. of Criminal Psychopathology, IV, 1943, pp. 431–444.

The author believes that masochistic motives are to be found in the criminal to a greater extent than we may at first suspect. The criminal act may be the surface manifestation of an unverbalized inner conflict, something that

partakes of a 'fatal necessity'. Such a criminal is no more able to explain his conduct than the psychoneurotic patient is able to explain his symptoms or the masochist his suffering. In these cases punishment tends to create a moral sanction for further forbidden gratifications. It is possible that the denial of punishment would be a worse penalty for the masochist, who would thereby be forced to find the solution for his conflicts in a more socially accepted manner. When the sentence is served he may have the illusion of having settled his accounts, but when liberated into the community and he meets with fancies or real rebuff, it arouses his hostility again, which he feels justified in carrying out violently on the community. The penitentiary becomes his refuge as a substitute for a maternal protective situation and a place where he finds the mutually sympathetic fellowship of other sufferers.

Some cases are reported which show a masochistic personality structure but are not analyzed to the point of a deeper genetic understanding of the masochistic motivations.

BERNHARD BERLINER

Psychopathologic and Psychopathic Reactions in Dogs. Joseph Perlson and Ben Karpman. J. of Criminal Psychopathology, IV, 1943, pp. 504–521.

In this chapter from a forthcoming book, The Dog—A Psychobiologic Study, the emotional life and personality of man's truest and oldest pet is illustrated by anecdotal material picked from the literature.

Like human beings, dogs may be depressed, elated or envious and display shame and guilt feelings, dependent on the moral standards established by their masters. Suicides occur as a result of loss of a love object. The common dislike for strangers is explained by the animal's fear of rivalry with regard to his master's affection. Such observations call for a more exhaustive, psychodynamic study of individual neuroses; the more so as we learn that the *canis domesticus* dreams, lies, malingers, murders for love and occasionally enjoys an alcoholic inebriation.

CAREL VAN DER HEIDE

Some Primitive Trends in Civilized Justice. Gregory Zilboorg. J. of Criminal Psychopathology, IV, 1943, pp. 599–604.

The general attitude of our society to the institution of capital punishment is discussed. Active proposition of capital punishment has given way to passive adherence. The psychology of this passive adherence has to be clearly understood, for the 'mere change of the existing formal laws seldom if ever succeeds in changing the substance of man's attitude'.

The talion principle is part of man's tradition and originates from religious practices, as all law once came from religion. The customary presence of a priest before and during an execution is a remnant of this ancient connection. The author rightly points out the uniqueness of a situation in which a priest 'reconciles a man to an eternity to which not the Lord, but the hand of the executioner is to commit him'. He warns against making the state itself responsible for the persistence of primitive impulses without due consideration of man's psychology. Proofs of the potency of these primitive

impulses are numerous, and the author reviews the most important of them. Historically, man's affirmative attitude towards capital punishment goes back to the ancient practice of 'noxal surrender' (which is more thoroughly discussed by the author in his book Mind, Medicine and Man). Capital punishment gives to the members of society not physical, but psychological security.

KURT R. EISSLER.

Color Blindness and Tone Deafness Restored to Health During Psychotherapeutic Treatment Using Dream Analysis. Kilton R. Stewart. J. Nerv. and Ment. Dis., XCIII, 1941, pp. 716–718.

Three cases are recorded to whom color vision was restored in the course of treatment. The patients had not realized their color blindness before they were able to see colors. Color vision was, at the beginning, accompanied by fright. One of the patients ceased to hear music as a disagreeable noise: he began to enjoy it, and was able to carry a tune. The variations of color experience in the dreams of the patients are described. During the course of treatment, a change from twilight vision to a simple vivid type and then to complicated colors was observed in the dreams of the patients.

KURT R. EISSLER.

The Etiology of the Psychosis of Dementia Paralytica with Preliminary Report of the Treatment of a Case of This Psychosis with Metrazol. Vivian Bishop Kenyon and David Rapaport. J. Nerv. and Ment. Dis., XCIV, 1941, pp. 147–159.

The main theories of the etiology of dementia paralytica are discussed. The case history and mental status of a twenty-five-year-old white male suffering from a psychosis with luetic meningoencephalitis is presented in detail. As the usual means of treatment produced no change, thirteen metrazol injections were administered. This therapy had a very beneficial effect, as judged by psychiatric evaluation and a battery of psychological tests. The authors believe that their observations support Hollos's and Ferenczi's interpretation of the paralytic psychosis.

KURT R. EISSLER.

The Rôle of Hostility in Affective Psychoses. Jane E. Oltman and Samuel Friedman. J. Nerv. and Ment. Dis., XCVII, 1943, No. 2.

The importance of hostility in affective psychoses has been proven mainly through psychoanalytic investigation. The object of this paper is to determine whether 'well crystallized evidences of hostility are also observable . . . by ordinary psychiatric measures'.

In their study of fifteen manic-depressive cases, the authors detect hostility and aggressiveness as the outstanding features. In the depressive states the hostility is mainly directed against the patient himself; in the manic state, against the outside world. Although the classical description of the mood of the manic emphasizes the presence of euphoria and elation, it is well recognized that hostility and aggressiveness are equally prominent. The depressive is the slave of a strong and rigid superego, while the superego

exercises only a weak domination of the self-satisfied, confident and extroverted manic.

Concerning the pathogenesis of the affective psychoses, the authors agree with most investigators in stressing early infantile and childhood situations. Undue restrictions, cruelties, or repressive attitudes of the parents created hostility in the child. This hostility was repressed and subsequently remobilized by a new emotional conflict. The observation of remissions in depressive psychoses after physical diseases or suicidal attempts suggests the question whether the hostile impulses may become discharged through other means. In this connection the authors mention the effects of shock therapy, which they attribute to the 'occurrence of certain psychological upheavals by which hostility and destructive drives are dissipated'.

JULIUS I. STEINFELD

The Problem of the Preschool Child. Section Meeting, 1941. Amer. J. of Orthopsychiatry, XII, 1942, pp. 42–68.

Four well-known child psychiatrists meet in this symposium to express their views on treatment problems in children of the youngest age group. Dr. Hyman Lippman opens the discussion with a paper on Treatment of the Young Child in the Child Guidance Clinic. The author reports his observations on fifty children referred from the preschool clinic of a family agency for aggressive behavior and a variety of neurotic symptoms. He believes that aggression and passivity are in part determined by heredity and in part depend upon environmental factors. Aggression is either normal and healthy or else a weapon which the child uses against frustrating rejecting parents. In the first case, direct expression must be curbed so that the child will be socialized when he enters school. In the second case, the aggression should not be restricted unless the family neurosis changes, because it may be the child's only outlet in an unbearable situation. Combinations of open aggression with anxiety are more frequent in the preschool child than is the typical picture of inhibition and passivity seen in older children and adults whose hostilities are firmly restrained by a punitive superego. In respect to treatment, the author recommends early removal from the home when the parents are feebleminded or delinquent or when neurotic parents fail to improve under case work. He favors foster home placement or adoption, provided the personalities of the new parents are rigidly investigated. More help and psychiatric care for the pregnant neurotic woman may lessen her early resentment of the child, thus giving him a better start in life. Lastly, superficial therapy for the disturbed mother, including lightening her responsibilities, day-nursery care for the child, housekeeping service, and financial help, often produces more benefit than one would expect. Such treatment does not cure the parent's basic neurosis but improves her handling of her child. Dr. Lippman emphasizes the need for early therapy and for further study of preschool children, particularly to increase our understanding of the problem of aggression.

In the second paper, Dr. Margaret Gerard describes Direct Treatment of the Preschool Child. Although environmental manipulation is the procedure of choice for small children, in many situations psychotherapy must be under-

taken instead. Indications are: (1) Parents who behave traumatically to the child because of their own deep-seated neuroses. They cannot respond to superficial therapy, usually refuse placement, and cannot use advice. (2) Private patients, for whom foster home placement would be a narcissistic insult. (3) Children who are so disturbed that nurses or other substitute parents are afraid or unwilling to work with them. In the author's experience improvements resulting from direct treatment are surprisingly stable. Several factors may account for this observation. In the first place, the well child of four or six no longer irritates or provokes his parents like the sick child of two or three. Also, the child of six no longer needs the parents so much but can get many of his satisfactions from friends and friendly adults; he is thus less exposed to the neuroses of the parents and makes less demands upon them. Lastly, the parents may treat the child better after successful therapy because of their pride in his improvement and his better social adjustment. Since some good object relations are necessary, however, for any cure to be stable, the therapist must maintain casual contact with the child until he is secure in his new attachments to friends and adults. Some modifications in therapeutic technique are necessitated by the weak ego of the small child. Free play usually provides an unmitigated and safe release of tension for the older child because he has adequate defenses. For the small child, however, free play may be dangerous because his drives are strong and the defenses which protect him from pain and punishment are relatively weak. Hence, too rapid release of repressed impulses may be felt by the young child as a seduction, may frighten him, and may make him fear and hate the tempting therapist. Melanie Klein's blunt comments to the child represent an attempt to handle the resulting anxiety. Dr. Gerard feels, however, that this type of interpretation is suitable only in respect to experiences which the patient did not understand and which he consequently elaborated into terrifying fantasies. When the conflictual material concerns impulses whose expression once brought punishment upon the child, deep interpretation and rapid release only increase anxiety. The proper procedure in such cases is to align oneself with the child's ego, encouraging impulse expression in graded doses while simultaneously supporting the defense, if it is healthy. If the defense is pathological, the therapist may enable the child to substitute a better one. If the defense is healthy but is exaggerated into a symptom (e.g. a washing compulsion), one should encourage the child to delay its use, thus gradually bringing it down to the level of a normal character trait. In this way, repressed drives are released slowly and can be canalized into sublimations. Several apt clinical examples lend color and life to the author's remarks.

Dr. Edith B. Jackson continues the symposium by discussing Treatment of the Young Child in the Hospital. The author points out that anxiety is very frequent in hospitalized preschool youngsters because hospitalization increases and reënforces neurotic anxieties which are already present. The chief pathogenic situations are those in which the child fears either the loss of the parents' love or bodily harm to himself. Entering a hospital for an operation and having his parents' visits simultaneously curtailed thus represents a maximally damaging experience. Lies by the parent about the child's illness or impending treatment, punitive threats of hospitalization, and enforced

separation from the parents before or just after operation contribute to the first type of anxiety. Parental threats of injury by doctors, joking remarks about injury by the hospital staff, and case discussions within the hearing of the small patient contribute to the second type of anxiety-producing situation. Prophylaxis of anxiety involves telling the truth to the child about what is the matter with him and what is to be done to him, using a minimum of restraint and force to get him into the hospital, shortening waiting time before unpleasant procedures, and immediate release of the patient afterwards to congenial surroundings and normal play. The author emphasizes that the apparently good and conforming behavior which most children show in the hospital is not indicative of a lack of anxiety but is rather the effect of repression. Dr. Jackson documents these conclusions with clinical material. She believes that boys show more hospitalization anxiety than girls, probably because their castration fears are more intense. Young girls with feeding problems or abdominal symptoms generally enjoy hospitalization and their symptoms often temporarily disappear. Such a situation provides an excellent opportunity for beginning contact and psychotherapy with the mother. In both sexes, hospitalization stimulates sexual curiosity and children are often very disappointed when they do not find answers to their sexual questions in the hospital.

Beata Rank, the chief discussant, expresses disagreement with the point of view implied in the first paper, that all emotional difficulties of the preschool child can be cured through manipulation of the environment. She believes that this is true only for disciplinary problems but not for real neuroses. She mentions that aggression is frequently used as a defense, a point which was emphasized by Dr. Lippman. She is strongly opposed to foster home placement for any preschool child. She agrees with the remarks of Dr. Gerard but feels that another indication for direct treatment occurs in cases where the symptoms are the result of a traumatic experience or of 'the growth process'. She does not favor prolonged contact with the child after therapy except for very sick children. She prefers to return the child to the mother and to rely on the latter's help to stabilize the cure. In respect to Dr. Jackson's paper, Mrs. Rank suggests that some psychotherapy might well be given to every postoperative child, so as to provide him with an opportunity for actively overcoming the trauma of operation. She quotes several examples illustrating the child's use of the hospital in the service of his sexual fantasies.

Child psychiatrists and child analysts will find the material presented in this symposium of great interest and value.

A. H. VANDER VEER

The Concept of Normality in Clinical Psychology. John W. Thibaut. Psychological Rev., L, 1943, pp. 338–345.

The author finds fault with recent definitions by several psychiatrists of the term 'normal', which make it identical with Burrow's 'social reaction—average'. He suggests Burrow's 'objective norm' based on 'phylobiological' requirements. Instead of merely 'adjusting a nonconforming individual to any culture he happens to be in', it would produce a 'shift in emphasis to the revision of

the culture as a whole' and would make possible the characterization of a given culture by referring it to the history of culture.

Both the criticism and the suggestion are well taken. Attention is called, however, to the fact that dynamic psychiatry has been doing what the 'phylobiologists' suggest: (1) It is studying the individual and helping him to adjust to his culture, only in so far as the latter is not inimical to, but allows satisfaction of his needs for self-expression and growth. (2) It is, in collaboration with other sciences such as anthropology, studying our culture and comparing it with others both of today and of the past. (3) It is, on the above basis, in collaboration with educators, sociologists, psychologists, economists, and political scientists, suggesting modifications of our culture designed to meet more adequately the needs of individuals in it.

The search for the criteria of normality is a worth-while one, but a search for absolute standards is bound to lead to frustration, since even within a given culture at a given time for a given individual, behavior which is normal today in response to one set of circumstances may tomorrow, under new circumstances, be very abnormal.

DORA FISHBACK

A Drive-Conversion Diagram. Edward C. Tolman. Psychological Rev., L, 1943, pp. 503–513.

Tolman has attempted '. . . to schematize the interconnections between the basic biological drives, the derived social techniques and also between these and certain types of final behavior-propensity'. He assumes some fifteen biological drives on the basis of animal experiments and other evidence, all of which are considered as one unit or libido. These drives are thought to be converted as a result of frustration into social techniques and into still further derived forms if the techniques are frustrated. The social techniques are grouped into four categories, (a) self-assertive techniques, (b) collective techniques, (c) self-abasive techniques, and (d) collective assertive techniques. The channels of drive conversion leading up to war are traced; 'neurotic war' is represented as the result of repressed hostilities. This attempt to schematize the conversion of the basic biological drives was not offered as a final thought on the matter but rather '. . . a scheme more for the asking of important questions'.

JAMES E. BIRREN

The Authoritarian Character Structure. A. H. Maslow. J. of Social Psychology, XVIII, 1943, pp. 401–411.

The authoritarian character structure can be understood only, according to Maslow, by understanding the basic philosophy of the authoritarian person—his 'world view'. This person conceives of the world as a sort of jungle populated by animals which either eat or are eaten. To be safe, one has to be strong and dominate others, or else find a strong protector. From this point of view, the other character traits of the authoritarian person develop logically: the tendency to regard human beings as either superior or inferior, the drive for power, the need for scapegoats as victims of hostility, etc. Accord-

ing to his narrowed scale of values, kindness is weakness. 'Every authoritarian character is both sadistic and masochistic.' Under the influence of strong cultural forces such as the Christian ideal in western civilization, mental conflicts and guilt feelings are almost inevitable. The authoritarian person can be changed by psychoanalysis or shorter psychotherapies. The person with democratic character structure is contrasted with the authoritarian throughout the paper.

Maslow emphasizes that character structure has to be understood as a final crystallization of many determining forces.

HENRY LOWENFELD

Russian Psychiatry—Its Historical and Ideological Background. Gregory Zilboorg. Bulletin of the New York Academy of Medicine, IX, 1943, pp. 713–728.

The history of Russian medicine, and particularly of psychiatry, reflects both the meteoric rise of Russian science and those especially Russian peculiarities which were not lost in the process of rapid assimilation of foreign importations. Any aspect of Russian cultural effort is permeated with the spirit of high humanitarian social aspirations for reform, combined with a spirit of revolutionary struggle against the bureaucracy and the autocratic cruelty and stupidity of Russian political and economic absolutism. There was no inkling of psychiatry in Russia until the latter part of the eighteenth century. The first retreat for the mentally ill in St. Petersburg was opened as late as 1799 at a time when France already had a systematic classification of mental diseases. In 1862 the 'Society of Physicians for the Insane' was founded. The fact that in the following period of seventy-five years Russian neurology and psychiatry caught up with that of Europe, and contributed to the world such men as Merjeyevski, Korsakov, Bechterev and Pavlov, testifies to the unique, untiring and creative activity of Russian medical science. Born in the nineteenth century, Russian psychiatry established itself on somatic and neurological bases. Although it was French psychiatry with its succinct logic and clarity of description that seemed to appeal most to the Russians, their recent research leads more and more to an increasing acceptance of the exogenous factors in the etiology of psychopathological reactions.

MARTIN GROTJAHN

NOTES

At the scientific meeting of the TOPEKA PSYCHOANALYTIC SOCIETY held in February, Dr. Therese Benedek of Chicago lectured on premenstrual depression, tension, and dysmenorrhea. At the March meeting Dr. Karl Menninger presented a paper, Manifestations of Anxiety.

The MOUNT ZION HOSPITAL of San Francisco informed us that Dr. Frieda Fromm-Reichmann, Director of Psychotherapy at Chestnut Lodge Sanitarium, gave a seminar on Advanced Psychotherapy from March 26th to April 2d in San Francisco under the auspices of the Department of Psychiatry of the University of California Medical School, Stanford University Medical School and the Mount Zion Hospital.

The Rorschach Test course at MICHAEL REESE HOSPITAL is scheduled this year for the week of June 4th to June 8th, inclusive. The records to be demonstrated will be representative of the older adolescent and younger adult with special emphasis on persons discharged from military service. Dr. S. J. Beck, head of the Psychology Laboratory, will conduct the course. It meets twice daily, two hours each session. Interested persons may inquire of the Secretary, Department of Neuropsychiatry, at the Hospital, 29th Street and Ellis Avenue, Chicago 16, Illinois.

DR. LLOYD H. ZIEGLER, Director of the Milwaukee Sanitorium, died of a heart attack on January 8, 1945.

ALCOHOL HYGIENE is a new publication published bimonthly by The National Committee on Alcohol Hygiene, Inc., whose national headquarters are in Baltimore, Maryland.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE issues a Bulletin on Psychiatric Rehabilitation and recently published a booklet entitled, When He Comes Back and If He Comes Back Nervous—Two Talks to Families of Returning Servicemen, written by Thomas A. C. Rennie, M.D., and Luther E. Woodward, Ph.D.